EXECUTIVE SUMMARY

The Nation's first comprehensive National HIV/AIDS Strategy for the United States (Strategy) was released in 2010, and in the subsequent five years, people and organizations have joined together around its vision and goals. The Strategy has changed the way the American people talk about HIV, prioritize and organize prevention and care services locally, and deliver clinical and non-clinical services that support people living with HIV to remain engaged in care, and has helped achieve the following:

- **Implementation of the Affordable Care Act.** Millions of Americans can access preventive services like HIV testing without a co-pay or deductible. People living with HIV can no longer be discriminated against because of their HIV status, and thousands more people living with HIV have new coverage options through Medicaid expansion or the Health Insurance Marketplace.
- **Groundbreaking work by the National Institutes of Health (NIH)**, including the HIV Prevention Trials Network (HPTN) 052 study, which *Science* magazine called the scientific breakthrough of 2011, and which demonstrated that early treatment for HIV reduces the risk of onward transmission by 96 percent while simultaneously improving health outcomes. NIH also supported the Strategic Timing of Antiretroviral Therapy (START) trial, which demonstrated that those with HIV who received immediate treatment significantly reduced their risk of serious, adverse health outcomes.
- **The introduction of PrEP (pre-exposure prophylaxis)**, a much-needed new biomedical prevention tool that helps people reduce their risk of HIV infection by taking a daily pill. Based on evidence from multiple clinical trials released from 2011 to 2013, the Food and Drug Administration approved PrEP in 2012, and in 2014 the U.S. Public Health Service issued clinical practice guidelines for PrEP.
- **Vital work by the Centers for Disease Control and Prevention (CDC), including key guidance for the adoption of new testing technologies** that enhance the ability to diagnose HIV soon after infection. These technologies broaden the window of opportunity for effective interventions during the acute phase of infection—a time when HIV is most likely to be transmitted to others.
- **Critical funding increases for the AIDS Drug Assistance Program (ADAP) of the Health Resources and Services Administration (HRSA)**, which ensured access to lifesaving treatment by helping to eliminate ADAP waiting lists, and for additional services that support a system of care necessary for those with HIV to maintain health.
- **Major strides in collaboration across the Federal government**, establishing cross-agency partnerships, formulating recommendations for the HIV Care Continuum Initiative, and developing and implementing a core set of HIV program indicators to support data sharing and increased transparency in progress made. For example:

- A Federal interagency workgroup was established to investigate the intersection of HIV and violence against women and **it resulted in more than 15 new initiatives within two years**.
- The Department of Justice (DOJ) collaborated with CDC to publish a **comprehensive examination of HIV-specific criminal laws**. As a result, **DOJ issued a best practices guide to reform these laws that help states ensure their policies do not place unnecessary burdens on individuals living with HIV/AIDS** and that they reflect an accurate understanding of HIV transmission routes and associated benefits of treatment.
- **Demonstration projects funded through the Secretary's Minority AIDS Initiative Fund** (SMAIF) have engaged multiple HHS agencies—including CDC, HRSA, and the Substance Abuse and Mental Health Services Administration (SAMHSA)—to foster coordination and collaboration across agencies and evaluate agency policies that may act as barriers to coordinated planning, implementation, delivery, and evaluation of HIV/AIDS services at the state and local levels.

These and other accomplishments have resulted in important gains toward targets for increasing the percentage of persons living with HIV who know their status, are linked to care, and have achieved viral suppression, as well as reducing death rates. Despite this progress, the level of infection is stable overall. While declines in diagnoses have occurred for women, persons who inject drugs, and heterosexuals, the epidemic among gay and bisexual men remains severe, with increases in new diagnoses. Achieving the goals of the Strategy will require intensified efforts for this population in order to realize the greatest impact.

The Nation has the tools to slow, and eventually end, the epidemic in the United States. With ongoing leadership, sustained funding commitments, strategic action, and emerging digital tools and technologies to help inform and educate, the American people are closer than ever to the day when the Strategy's vision will be attained. Together, people living with HIV and those affected, state, Tribal, and local governments, health providers, government and industry scientists, faith leaders, and community partners have fundamentally transformed the response to HIV/AIDS in the United States. The Strategy has truly become the roadmap for collective action and has brought new energy and commitment in States and local communities across the country.

This is the first update of the Strategy (Update), which is designed to look ahead to 2020. The Update reflects the hard work accomplished and the lessons learned since 2010. Moreover, it incorporates the scientific advances that could one day bring the United States, and the world, closer to virtually eliminating new HIV infections, effectively supporting all people living with HIV to lead long and healthy lives and eliminating the disparities that persist among some populations.

The Strategy remains a steady foundation on which to build future efforts. As such, this Update retains its vision and four main goals through 2020. At the same time, the Strategy is also a living document, designed to be updated. The Update includes the following changes:

- The **Steps and Recommended Actions** under each of the goals have been revised to reflect past progress and activities to meet the Strategy goals (see "At-A-Glance" summaries on pages 8-11).
- The Update has **10 quantitative indicators**—some of which are new additions, and some of which are revised—to better monitor progress and ensure that the Nation is constantly moving in the right direction to achieve its goals (see list on page 12 and detailed information in the Indicator Development and Progress Appendix). In addition, three areas have been identified as priorities for developing indicators: PrEP, stigma, and HIV among transgender persons.

- The objectives and recommendations of both the **HIV Care Continuum Initiative** and the **Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities** have been fully integrated into the Steps and Recommended Actions (see Tables on pages 13 and 14).

As a guiding document, the Update is a National plan, not just a Federal plan. Federal efforts are vitally important but the goals of the Strategy can only be achieved by engagement at the national, state, Tribal, and local levels and across all sectors. It is especially important that people who work in communities play an active role in implementing this Strategy. It is on the ground that the work is accomplished, and it is on the ground where the Strategy's implementation has improved the lives of Americans impacted by HIV.

The Update looks toward 2020 with the following statements in mind:

- **There is still an HIV epidemic** and it remains a major health issue for the United States.
- **Most people can live long, healthy lives with HIV** if they are diagnosed and get treatment.
- For a variety of reasons, **certain populations bear a disproportionate burden of HIV**.
- People across the Nation **deserve access to tools and education** to prevent HIV transmission.
- Every person diagnosed with HIV **deserves immediate access to treatment and care** that is non-stigmatizing, competent, and responsive to the needs of the diverse populations impacted by HIV.

The Update allows for opportunities to refresh the ongoing work in HIV prevention, care, and research. **Advances in four key areas are of critical focus for the next five years**:

- **Widespread 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.
- **Full access to comprehensive PrEP services** for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

A COLLABORATIVE NATIONAL RESPONSE

By working in the direction of shared national goals and aligning efforts across sectors with the principles and priorities of the updated Strategy, the Nation can advance toward the life-saving HIV goals.

GOAL 1: REDUCING NEW HIV INFECTIONS

HIV does not impact all Americans equally. While anyone can become infected, the HIV epidemic is concentrated in key populations and geographic areas. In 2010, the Strategy called for a path that followed epidemiological data. This Update continues along that path by calling for Federal agencies to ensure that funding is allocated according to the current epidemiological profile of each jurisdiction, and that cost-effective, scalable interventions are prioritized in the communities where HIV is most concentrated for 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**
- **Latino men and women**
- **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)

Over the next five years, the Nation must ensure that programmatic funding is appropriately allocated and supports the most effective interventions, including research into innovative ways to prevent new infections.

The HIV prevention toolbox has grown. Based on scientific and technological advances in the past five years, new guidelines and recommendations have expanded the number of options for prevention. CDC has issued guidance to providers recommending PrEP be considered for those at substantial risk for HIV. In addition, guidelines from the U.S. Department of Health and Human Services (HHS) now recommend that all persons with HIV be offered treatment not only for their own health, but also because antiretroviral treatment significantly reduces the risk of HIV transmission to others. Additionally, the U.S. Preventive Services Task Force (USPSTF) recommends that all people aged 15 to 65 years, and all pregnant women, be screened for HIV. CDC has also provided guidance for the adoption of new testing technologies that enhance the ability to diagnose HIV soon after infection, broadening the window of opportunity for effective interventions during the acute phase of infection—a time when HIV is most likely to be transmitted to others.

Over the next five years sustained effort is required to realize the promise of these and other scientific advances, and to adopt and embrace emerging beneficial research findings. These may include the availability of sustained release antiretroviral agents either for PrEP or for treatment, new developments in microbicides or vaccines, or more effective delivery of HIV care services.

HIV information should be universally integrated into appropriate educational access points. All Americans deserve scientifically accurate, easy-to-access information about HIV transmission and prevention. This entails providing clear, specific, consistent, and scientifically up-to-date messages about risk and prevention strategies—followed by active deployment of this information to develop and disseminate education campaigns, prevention programs, and risk assessment tools. These interventions should leverage digital strategies and new technologies to reach the broadest number of people at relevant access points.

GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

Health care coverage matters for people living with HIV. Due to the Affordable Care Act, people living with HIV can no longer be discriminated against on the basis of their HIV status or other pre-existing health conditions when seeking health care coverage. In addition, thousands more people living with HIV have new access to Medicaid or a Marketplace health insurance plan. And for people who already have health care coverage, there are new limits on out-of-pocket spending and other protections to make coverage more secure. Additionally, the Administration, with strong bipartisan support from Congress, has been unwavering in its commitment to sustaining the Ryan White HIV/AIDS Program, administered by HRSA. Critical funding increases for the ADAP have been provided to ensure access to lifesaving treatment and support for the clinics and additional services necessary for those with HIV to maintain health. Finally, successful access to care is often precluded by unmet basic needs such as housing. Supplementing care services with robust policies in support of basic needs is crucial for timely linkage to and retention in HIV care.

Improving outcomes at every step of the HIV care continuum must remain a priority. In 2013, President Obama issued an Executive Order establishing the HIV Care Continuum Initiative, calling for coordinated action among Federal agencies to mobilize efforts in line with the recent advances in HIV treatment. These efforts are expected to yield longer lives and fewer new infections. Going forward, efforts must be directed toward improving outcomes at every step of the continuum, from testing to diagnosis, linkage and engagement in care, treatment, and ultimately, viral suppression. Key to this effort will be the identification and re-engagement of people who have been lost to care. Promising initiatives in several cities and States across the country have already demonstrated successful strategies, using HIV surveillance data and clinical care data. An essential next step is to enhance capacity in all states to systematically identify and re-engage people living with HIV. This will also allow more rigorous monitoring of the continuum at all stages of care.

Developing models of competent care that treat the whole person, as well as the virus, is crucial. People living with HIV—after being diagnosed, entering the healthcare system, and being prescribed treatment — require supports to remain engaged in care. A culturally competent and skilled workforce is vital to this effort, and includes a range of providers such as peer navigators, nurses, doctors, case managers, pharmacists, and social workers. Key priorities for improving outcomes along the care continuum include expanding the workforce by engaging and training non-traditional providers and expanding proven models of team-based, patient-centered care that facilitate ongoing engagement in care. Implementation science research is also essential to develop evidence-based models of care that are proven to deliver life-enhancing services.

SCIENTIFIC DISCOVERY REQUIRES A LONG-TERM COMMITMENT

The scientific advances that have led to current treatment and prevention interventions are the result of ongoing Federal investments in basic, biomedical, behavioral, and social science research. In 2013, President Obama announced that NIH would redirect $100 million to launch an HIV Cure Initiative to further advance HIV/AIDS research with the hope of catalyzing a new generation of therapies aimed at curing HIV or inducing lifelong remission. Today, the science directly points to the benefit of getting all people living with HIV on treatment as soon as possible. The NIH has supported groundbreaking work, including the HPTN 052 study, called the scientific breakthrough of 2011 by *Science* magazine, which demonstrated that early treatment for HIV reduces the risk of onward transmission by 96 percent while simultaneously improving health outcomes, and the START trial demonstrated that those with HIV who received immediate treatment significantly reduced their risk of illness and death. Combined with the treatment-as-prevention benefit previously demonstrated by the HPTN 052 study, **the emphasis on optimizing the continuum of care and making access to lifesaving antiretroviral therapy a right, not a privilege, becomes a core tenet of the Strategy.**

GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

The Nation cannot meet the Strategy goals without reducing disparities. Poor social and environmental conditions, coupled with high rates of HIV among specific populations and in geographic areas, contribute to stubbornly persistent—and in some cases, growing—HIV-related health disparities. These disparities include higher rates of HIV infection, lower rates of access to HIV care, lower HIV viral suppression rates and higher HIV-related complications, and higher HIV-related death rates; and they affect Black, Latino, and American Indian/Alaska Native people, transgender people, and young people.

Structural approaches can reduce risk of HIV transmission at community and societal levels. It is imperative that the conditions in which people live, learn, work, play, and pray facilitate—rather than detract from—their ability to lead healthy lives. Such conditions include the background prevalence of HIV in sexual and drug networks as well as housing, education, employment, and family and social support systems. It has become abundantly clear that these social determinants of health are significant factors in the ability to meet the goals of the Strategy. More work is needed to test new models that advance health in a variety of settings. Work is underway to develop models for trauma-informed primary care that offer promise to change the health care environment in ways that reduce stress on patients and providers alike, and improve HIV and other health outcomes.

Stigma and discrimination must be eliminated in order to diminish barriers to HIV prevention, testing, and care. HIV-related stigma can be confounded by or complicated with stigma related to substance use, mental health, sexual orientation, gender identity, race/ethnicity, or sex work. Stigma can lead to many negative consequences for people living with HIV. It is imperative that all levels of government recognize that these various biases exist and work to combat stigma and discrimination in order to reduce new infections and improve health outcomes for people living with HIV. In the legal arena, this requires ensuring that all Federal and state criminal laws regarding HIV transmission and prevention are scientifically based, and that prosecutors and others in law enforcement have an accurate understanding of transmission risks.

GOAL 4: ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC

Recognizing that improved coordination has occurred since the release of the Strategy in 2010, **even greater coordination is possible and essential**. Further effort should be directed toward identifying, learning from and replicating international, state, Tribal, and local successes. Federal leadership is critical in identifying overarching national priorities, as well as supporting research to evaluate which activities are most effective and ensure that Federal resources deployed will have maximum effect. The White House Office of National AIDS Policy (ONAP) will work collaboratively with the Office of National Drug Control Policy and other White House offices, as well as other Federal agencies, to further the goals of the Strategy.

As with the 2010 Strategy, this Update provides specific recommendations to help us meet the goals as well as indicators to measure progress. A system of regular public reporting will help to sustain nationwide public attention and support for the Strategy.

Working together, ONAP, the Office of the Assistant Secretary for Health at HHS, and other Federal agencies will develop a Federal Action Plan during 2015 that outlines the specific steps to be taken by Federal agencies to implement the priorities set by the Update. In addition, an action plan framework, similar to the

Federal Action Plan structure, will be created to assist non-Federal partners such as state and local health departments, Tribal governments, community-based organizations, coalitions of persons living with HIV, and other stakeholders to identify specific actions that they can take—tailored to their own specific missions and priorities—to ensure that the Nation is working to meet the goals of the Strategy. Shared priorities, streamlined grantee requirements, evidence-based strategies, and data-informed resource allocation will help get us there.

CALL TO ACTION

The Obama Administration demonstrated its commitment to reinvigorating the collective domestic response to HIV when the Strategy was released in 2010. Since then, the Nation has aligned its efforts to move closer toward achieving the goals of the Strategy and the national dialogue around HIV/AIDS has evolved to imagining a future free of new HIV infections in the United States and healthier, longer lives for people living with HIV. However, major challenges remain. Working together with renewed focus and vigor will advance that vision. Key focus areas for the Update include HIV testing with linkage to care for those with HIV infection, along with support for retention in care and treatment adherence to ensure that persons living with HIV remain virally suppressed, and for those testing negative but at substantial risk, linkage to PrEP and support for medication adherence. This Update is a call to action to myriad systems: **everyone is needed to put this Strategy into action and end the HIV epidemic.**

The Strategy is not a budget document and does not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. The Strategy will inform the Federal budget and regulatory development processes within the context of the goals articulated in the President's Budget. All activities included in the Strategy are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.

ACTIONS AT-A-GLANCE

GOAL 1: REDUCING NEW HIV INFECTIONS

STEP 1.A		Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.
1.A.**1**		Allocate public funding consistent with the geographic distribution of the epidemic.
1.A.**2**		Focus on high-risk populations.
1.A.**3**		Maintain HIV prevention efforts in populations at risk but that have a low national burden of HIV.
STEP 1.B		Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
1.B.**1**		Design and evaluate innovative prevention strategies and combination approaches for preventing HIV infection in high-risk populations and communities, and prioritize and promote research to fill gaps in HIV prevention science among the highest risk populations and communities.
1.B.**2**		Support and strengthen integrated and patient-centered HIV and related screening (sexually transmitted infections [STI], substance use, mental health, intimate partner violence [IPV], viral hepatitis infections) and linkage to basic services (housing, education, employment).
1.B.**3**		Expand access to effective prevention services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
1.B.**4**		Expand prevention with persons living with HIV.
STEP 1.C		Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.
1.C.**1**		Provide clear, specific, consistent, and scientifically up-to-date messages about HIV risks and prevention strategies.
1.C.**2**		Utilize evidence-based social marketing and education campaigns, and leverage digital tools and new technologies.
1.C.**3**		Promote age-appropriate HIV and STI prevention education for all Americans.
1.C.**4**		Expand public outreach, education, and prevention efforts on HIV and intersecting issues, such IPV.
1.C.**5**		Tackle misperceptions, stigma, and discrimination to break down barriers to HIV prevention, testing, and care.

ACTIONS AT-A-GLANCE

GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

STEP 2.A		Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.
2.A.**1**		Ensure continuity of high-quality comprehensive health care coverage to support access to HIV care.
2.A.**2**		Ensure linkage to HIV medical care and improve retention in care for people living with HIV.
2.A.**3**		Support and strengthen capacity to implement innovative and culturally appropriate models to more effectively deliver care along the care continuum.
2.A.**4**		Prioritize and promote research to fill gaps in knowledge along the care continuum.
2.A.**5**		Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the State, Tribal, and local levels.
STEP 2.B		Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV.
2.B.**1**		Increase the number of available providers of HIV care.
2.B.**2**		Strengthen the current provider workforce to ensure access to and quality of care.
2.B.**3**		Support screening for and referral to substance use and mental health services for people living with HIV.
STEP 2.C		Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.
2.C.**1**		Address policies to promote access to housing and other basic needs and other supportive services for people living with HIV.
2.C.**2**		Improve outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.

ACTIONS AT-A-GLANCE

GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

STEP 3.A

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

3.A.**1**	Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States.
3.A.**2**	Support engagement in care for groups with low levels of viral suppression, including youth and persons who inject drugs.

STEP 3.B

Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.

3.B.**1**	Scale up effective, evidence-based programs that address social determinants of health.
3.B.**2**	Support research to better understand the scope of the intersection of HIV and violence against women and girls and develop effective interventions.

STEP 3.C

Reduce stigma and eliminate discrimination associated with HIV status.

3.C.**1**	Promote evidence-based public health approaches to HIV prevention and care.
3.C.**2**	Strengthen enforcement of civil rights laws, and assist States in protecting people with HIV from violence, retaliation, and discrimination associated with HIV status.
3.C.**3**	Mobilize communities to reduce HIV-related stigma.
3.C.**4**	Promote public leadership of people living with HIV.

ACTIONS AT-A-GLANCE

GOAL 4: ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC

STEP 4.A

Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.

4.A.**1**	Streamline reporting requirements for Federal grantees.
4.A.**2**	Strengthen coordination across data systems and the use of data to improve health outcomes and monitor use of Federal funds.
4.A.**3**	Ensure coordinated program planning and administration.
4.A.**4**	Promote resource allocation that has the greatest impact on achieving the Strategy goals.

STEP 4.B

Develop improved mechanisms to monitor and report on progress toward achieving national goals.

4.B.**1**	Strengthen the timely availability and use of data.
4.B.**2**	Provide regular public reporting on Strategy goals.
4.B.**3**	Enhance program accountability.

INDICATORS AT-A-GLANCE

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

REDUCING INCIDENCE, MEASURING DIAGNOSIS

Although HIV incidence estimates were used previously as an indicator for the Strategy to measure reductions in new infections, these estimates do not provide a timely and consistent way to monitor progress. The estimated number of new infections has changed, and likely will continue to change over time, due to changes in HIV testing technology and incidence estimation methods. These changes make it difficult to use these data as an indicator, to measure progress over time. In contrast, HIV diagnosis data as a way to monitor progress towards reducing new infections are published in a routine and standardized format and available for all States. Given these advantages, HIV diagnosis data are used for the indicator in this Update.

Using diagnosis data to track progress in reducing new HIV infections has some challenges. First, these data must be interpreted with consideration for trends in HIV testing, as changes in testing can lead to changes in diagnosis trends that are not related to trends in new infections. For example, if HIV diagnosis trends decrease in a particular population, evaluation is required to determine whether this decrease is due to fewer HIV tests being conducted or HIV tests being performed on persons at lower risk, versus an indication that new HIV infections are decreasing. Second, efforts to increase the percentage of people living with HIV who know their HIV status require an increase in diagnoses—meaning that, at least initially, achieving progress toward Indicator 1 may have a negative impact on progress toward Indicator 2. Over the longer term, diagnosing individuals who were previously undiagnosed will ultimately result in increased linkage to and retention in care and treatment, increased viral suppression, and decreased transmission to uninfected partners. This will reduce new infections, which will be reflected in a decrease in the number of new diagnoses.

Diagnosis data are used throughout this document to describe the burden of HIV and quantify disparities in populations and communities. These data are used to guide public health action at the Federal, State, and local levels.

ACTIONS AT-A-GLANCE COMPARISON

INTERSECTION OF HIV/AIDS, VIOLENCE AGAINST WOMEN AND GIRLS, AND GENDER-RELATED HEALTH DISPARITIES

In 2012 a Federal Interagency Working Group was established as part of a Presidential Memorandum that committed the Administration to improving efforts to understand and address the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities. This group developed five recommendations that were core objectives for action. Those recommendations have been incorporated into the Update, as shown in the table below.

FEDERAL INTERAGENCY WORKING GROUP RECOMMENDATIONS (2013)		AS INTEGRATED INTO THE UPDATED NATIONAL HIV/AIDS STRATEGY
1 Improve health and wellness for women by screening for intimate partner violence (IPV) and HIV.		**1.B.2** Support and strengthen integrated and patient-centered HIV and related screening (STIs, substance use, mental health, IPV, viral hepatitis infections) and linkage to basic services (housing, education, employment).*
2 Improve outcomes for women in HIV care by addressing violence and trauma.		**2.C.2** Improve outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.
3 Address certain contributing factors that increase the risk of violence for women and girls living with HIV.		**2.C.1** Address policies to promote access to housing and other basic needs and other supportive services for people living with HIV. ➔ *Federal efforts should be enhanced to address HIV and IPV among homeless and marginally housed women and girls.*
4 Expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls.		**1.C.4** Expand public outreach, education, and prevention efforts on HIV and intersecting issues, such as IPV. ➔ *Empowering youth with information about their physical health and social and emotional well-being must continue to be part of a comprehensive approach to prevention and responding to HIV and violence; reaching Black and Latina women and girls should be a priority.*
5 Support research to better understand the scope of the intersection of HIV/AIDS and violence against women and girls, and develop effective interventions.		**3.B.2** Support research to better understand the scope of the intersection of HIV and violence against women and girls, and develop effective interventions.

* The specific recommendation on screening for IPV among women was incorporated into the broader recommendations for screening for multiple conditions, including IPV, for all persons

ACTIONS AT-A-GLANCE COMPARISON

HIV CARE CONTINUUM INITIATIVE

The HIV Care Continuum Initiative was established by Executive Order in 2013 to accelerate improvements in HIV prevention and care. Recommendations and action steps from the Federal Interagency HIV Care Continuum Working Group were developed to guide ongoing implementation of the Strategy. Those recommendations have been integrated into the Update, as shown in the table below.

HIV CARE CONTINUUM RECOMMENDATIONS (2013)		AS INTEGRATED INTO THE UPDATED NATIONAL HIV/AIDS STRATEGY
1 Support, implement, and assess innovative models to more effectively deliver care along the care continuum.		**2.A.3** Support and strengthen capacity to implement innovative and culturally appropriate models to more effectively deliver care along the care continuum.
2 Tackle misperceptions, stigma, and discrimination to break down barriers to care.		**1.C.5** Tackle misconceptions, stigma, and discrimination to break down barriers to HIV prevention, testing, and care.
3 Strengthen data collection, coordination, and use of data to improve health outcomes and monitor use of Federal resources.		**4.A.2** Strengthen coordination across data systems, and the use of data to improve health outcomes and monitor use of Federal funds.
4 Prioritize and promote research to fill gaps in knowledge along the care continuum.		**2.A.4** Prioritize and promote research to fill gaps in knowledge along the care continuum.
5 Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the state and local levels.		**2.A.5** Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the State, Tribal, and local levels.