Our country is at a crossroads. Right now, we are experiencing a domestic epidemic that demands a renewed commitment, increased public attention, and leadership. Early in my Administration, I tasked the Office of National AIDS Policy with developing a National HIV/AIDS Strategy with three primary goals: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and improving health outcomes for people living with HIV; and, 3) reducing HIV-related health disparities.
FOR IMMEDIATE RELEASE:
Thursday, 12 May 2011, 11 am EST

Initiation of Antiretroviral Treatment Protects Uninfected Sexual Partners from HIV Infection (HPTN Study 052)

96% reduction in new HIV infections

BREAKTHROUGH
OF THE YEAR
HIV Treatment as Prevention

The Economist
INSIDE THIS WEEK: TECHNOLOGY QUARTERLY
The trap for Turkey
Wall Street’s plumbing problem
Lady Gaga, Mother Teresa and profits
Brazil’s belling economy
The force that is FIFA

How 5 million lives have been saved, and a plague could now be defeated
HIV Treatment Cascade

20% Undiagnosed

49%

National HIV/AIDS Strategy

- Increase HIV serostatus awareness from 79% to 90%
- Increase linkage to care w/in 3 months of Dx from 65% to 85%
- Increase proportion of HIV Dx’d persons with undetectable VL by 20%
- Increase RW clients in continuous care from 73% to 80%

Predisposing Factors

Enabling Factors

Perceived Need

Adapted from: Mugavero et al. Clin Infect Dis 2011;52(S2)
Feedback loop: An approach to monitor, implement & achieve the NHAS

![Diagram of a feedback loop with nodes for Systematic monitoring, Health informatics, Human element, Information/education, Resource allocation, and TLC+ service delivery/integration.]

Mugavero et al. *Clin Infect Dis* 2011;52(S2).
Challenges & Opportunities

✓ Integrated “cascade” research & programs
✓ Community & public health & clinic initiatives
✓ Improving engagement in setting of uncertainty re: capacity & workforce
✓ ACA & RW CARE Act
✓ Deep South

Thank you!