

# **NATIONAL HIV/AIDS STRATEGY** for the **UNITED STATES:**

UPDATED TO 2020

**COMMUNITY ACTION  
PLAN FRAMEWORK**

DECEMBER 2015





# VISION

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.



December 2015

Dear HIV Community Stakeholders,

You and your organizations are vital partners in our Nation's work to achieve the goals of the *National HIV/AIDS Strategy: Updated to 2020*. Whether you have worked to address HIV for decades or are a new ally in these efforts, whether you hail from a small, community-based organization or a large institution, whether you work directly or indirectly in HIV prevention and care, we welcome and need your assistance to put this Strategy into action and achieve its goals.

As you know, in July of this year, we released a five-year update to the Strategy, detailing principles, priorities, and actions to guide our collective national response to the HIV epidemic through 2020. In the recently released Federal Action Plan, we identified specific action steps that agencies across the Federal government will be taking to implement the Strategy.

But, as the President has reminded us, the Federal government cannot achieve the Strategy's goals alone, nor should it. We need active participation from stakeholders across all sectors of our society and in communities across our Nation to harness and effectively deploy all of the tools now available to us. On behalf of the White House, we invite your organizations to contemplate what actions you can commit to taking to help achieve the Strategy's goals in your community. To support you, we developed this Community Action Plan Framework as a tool to help guide you in this effort.

The Framework is designed to assist you in carefully focusing work you may already be doing, as well as identifying new activities tailored to your mission and capacity in ways that make best sense for your community. You might identify one, a few, or many actions; every contribution to this collective national work matters.

It can also be used to stimulate dialogue and partnership across organizations in your community. Just as the Federal agencies have identified ways to maximize their efforts through collaborative actions, we encourage you to consider opportunities to work with other stakeholders on broader, bolder actions aligned with the principles and priorities of the Strategy that you can take together to achieve an even bigger impact in your community.

As a person living with HIV for over 25 years, I am deeply grateful for your commitment to prevent new HIV infections, provide care and treatment for those living with HIV, and reduce HIV-related disparities and stigma. As someone who has stood in your shoes, working to address HIV in the community and forge and sustain partnerships, I appreciate the creativity and conviction required to do new things or to do things differently. And in my current role, I am consistently inspired by my conversations with people living with HIV, program administrators, advocates, health care providers, educators, and others from across the Nation who express their passion and determination to make a difference every day. With focused commitments from active partners like you working to realize the Strategy's goals in your community, together, we can achieve its vision.



Douglas M. Brooks, MSW  
Director, Office of National AIDS Policy



# INTRODUCTION TO THE FRAMEWORK

## BACKGROUND

Released in July 2015, the [National HIV/AIDS Strategy: Updated to 2020](#) (Strategy) reflects the hard work accomplished and lessons learned since the original Strategy was released in 2010. It incorporates the many new scientific advances that will bring our Nation, 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.

Charged with both developing and implementing the Strategy, the White House Office of National AIDS Policy (ONAP) released a [Federal Action Plan](#) in December 2015, outlining the action steps that Federal agencies will take to implement the Strategy's goals.

The Strategy is a national one, not merely a Federal one. While Federal implementation efforts are vitally important, the goals of the Strategy can only be achieved by also engaging stakeholders from all sectors of society and every corner of our Nation. To support such engagement, ONAP also committed to developing a Community Action Plan Framework that can be utilized by stakeholders outside of the Federal government to identify and implement actions that will help achieve the Strategy's goals.

## PURPOSE

The Community Action Plan Framework is intended to aid organizations in developing their own plans to implement the updated Strategy, tackling HIV prevention, care, disparities, and stigma. This Framework is a tool to help you engage in conversations and planning. It is not part of any reporting requirement related to Federal funding. We hope you will use it to brainstorm and strategize. None of the recommended steps, activities, or templates are required.

*The Federal government can't do this alone, nor should it. Success will require the commitment of governments at all levels, businesses, faith communities, philanthropy, the scientific and medical communities, educational institutions, people living with HIV, and others.*

– President Obama

## ELEMENTS

To help you identify action steps that your organization can take, the Framework includes sections on each of the four Strategy goals with focus questions and examples of the types of actions stakeholder groups (community-based organizations, advocacy groups, educational institutions and organizations, and health care delivery organizations) can take. These questions and examples are meant to stimulate thinking and conversation rather than prescribe or proscribe specific actions. ONAP recognizes that there are myriad types of activities that stakeholders could undertake and we encourage you to be creative in identifying actions that make best use of your organization's strengths and resources to enhance the response to HIV in your community.

The Community Action Plan Framework also includes a template (pp. 17-20) to help document proposed actions and show how they are aligned with the Strategy's Goals and Steps; identify the specific actions, leaders, and collaborators needed; commit to completion dates; and determine measures of progress and impact by aligning with the Strategy's indicators of progress. Like the Federal Action Plan, the Community Action Plan Framework is meant to help organizations think about how to make the most efficient use of existing resources.

The Framework can be used to lay out a one- to five-year plan, depending on the organization, that includes specific actions for 2016 and sets the foundation for actions to be completed through 2020. The Framework can be revisited during annual planning processes to assess progress and to chart the course for upcoming years to ensure alignment with the updated Strategy.

## WHO COULD USE THIS TOOL?

The Community Action Plan Framework can be used by any organization concerned about making a difference for HIV in their community. This includes every type of organization, from a small community-based organization or an advocacy group to a large health clinic or educational institution. While the Framework includes sample opportunities for stakeholders from four sectors, this is not meant to preclude stakeholders from other sectors from identifying the actions they can take. In this document, ONAP has used the term "organization" to encompass a variety of groups, including communities, networks, and collaboratives. Importantly, this also includes many organizations whose work does not center on HIV; such organizations can make vital contributions to achieving the Strategy's goals by taking actions such as educating constituents about HIV testing, pre-exposure prophylaxis (PrEP), and the benefits of treatment; battling HIV-related stigma and discrimination; or advocating for policies and programs that address HIV and its social determinants.



## STAKEHOLDER CATEGORIES

**Community-based organizations** include organizations that provide clinical services such as HIV testing and patient navigation services, faith-based organizations, community support groups, and youth groups.

**Advocacy groups** include networks of people living with HIV, health education organizations, think tanks, consumer rights organizations, and civil rights groups.

**Educational institutions and organizations** include schools (public, charter and private), fraternities and sororities, universities including minority-serving institutions, community colleges, professional associations, and research institutions.

**Health care delivery organizations** include hospitals, clinics, pharmacies, and community health centers.

NOTE: an organization may fit into more than one category—the categories are meant to be helpful, not restrictive, in planning local actions related to the Strategy.

## HOW CAN THIS TOOL BE USED?

The Community Action Plan Framework is a flexible tool that can be used in a variety of ways depending on the participants and the setting.

### **Within Your Organization**

Use internally to plan how your organization can leverage its existing resources to either highlight existing work or design new programs that relate to the goals of the Strategy and contribute to reaching one or more of the ten indicator targets by 2020 (p. 21).

### **With Community Partners**

Use to spark a broader community dialogue among many partners, identify collaborative activities that can more effectively reach populations in your community, pool resources to address common issues, and develop a community plan that both relates to the Goals of the Strategy and contributes to reaching one or more of the ten indicator targets by 2020 (p. 21).

While any organization can make a contribution to achieving these national goals, not every organization can undertake actions in pursuit of each of the four Strategy goals. The Framework is flexible and is designed to help organizations identify actions that are best suited to their mission, reach, and resources. We do encourage you to consider opportunities to align your efforts with any required planning activities.

## GET STARTED

The following sections will aid you in planning and implementing your actions:

- Recommended Steps (p. 7)
- Planning Around Your Actions (p. 8)
- Focus Questions and Examples (pp. 9-15)
- Resources List (p. 16)
- Sample templates (pp. 17-20)

Please note: This Framework is a tool to help you engage in conversations and planning. **It is NOT part of any reporting requirements related to Federal funding.** We hope you will use it to brainstorm and strategize. None of the recommended steps, activities, or templates are required.

# RECOMMENDED STEPS

NOTE: Some of these steps can be taken simultaneously (i.e. connecting with other organizations and stakeholders as you plan your action items).

## **1. Read and review the *National HIV/AIDS Strategy: Updated to 2020* and the *Federal Action Plan*.**

- a. What areas outlined by the Strategy would your organization most like to target?
- b. Where can your organization best focus your efforts—at the local, state, Tribal, or national level?

## **2. Identify your organization's focus areas, existing projects, funding, local network, and potential partners and ongoing activities that are related to the Strategy.**

- a. What populations in your community are at greatest risk for HIV infection?
- b. What are the gaps in HIV-related services, policies, education, and awareness in your community?
- c. What resources (personnel, money, time) does your organization have to dedicate to implementing the Strategy?

## **3. Create actions in alignment with the Strategy that are appropriate for your organization and community.**

- a. What actions might your organization implement under each goal? What actions are ambitious, have high potential for impact, and are feasible within the scope of your agency's resources? (*Suggestion: Use the Focus Questions and Examples of Actions for Stakeholders located on the following pages as a guide.*)

## **4. Share your actions with your local partners where needed to gather feedback and develop potential cross-cutting initiatives and collaborative actions.**

- a. What new connections could be made between your organization and others in your community?
- b. What solutions are being tried or are working in other communities that you might want to adopt for your own communities?

## **5. Disseminate your action plan.**

- a. Who within your organization should receive and review the plan? Staff? Volunteers? Board members?
- b. What other organizations would be interested in your action plan?
- c. How can you use the plan to develop new partnerships and extend the impact of your actions?

To share progress on your plan with others community stakeholders, feel free to use #NHAS2020 on Twitter.

## PLANNING AROUND YOUR ACTIONS

In order to develop and implement community actions, several planning elements are essential:

**Communications:** Think about how you will communicate to others about your actions, including what types of documents and digital media strategies are needed.

**Resources:** This could take the form of reallocating funds or identifying new funds, as well as human capacity and time.

**Leadership:** This includes the main point of contact for the project as well as the tasks assigned to each individual or team.

**Partners:** These include other organizations in your community, state institutions, or other stakeholders.

**Data:** Review your state or local epidemiological profile, consider how you will monitor and evaluate your actions or programs and match indicators of success both at the local level and relating to the Strategy.



# GOAL 1: REDUCING NEW HIV INFECTIONS

## STEP 1.A

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

## STEP 1.B

Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

## STEP 1.C

Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.

## FOCUS QUESTIONS

- How can you focus your organization's resources and activities on relevant groups with a high burden of HIV, such as gay, bisexual, and other men who have sex with men of all ethnicities, Black women and men, Latino men and women, people who inject drugs, youth aged 13-24, people in the Southern U.S., and transgender women?
- What programmatic, health care, research, or educational tools are at your organization's disposal to reduce the number of new HIV infections? With whom can you partner for tools you do not already have and to develop broader strategies or initiatives? Strategies might include providing HIV testing and access to PrEP, ensuring linkage to and ongoing care for people living with HIV, and providing screening for and linkage to substance use treatment and other co-occurring conditions.
- In what ways can information about HIV transmission and prevention be integrated into your outreach and education campaigns or health promotion activities through the use of digital and social media?

## EXAMPLES OF ACTIONS FOR STAKEHOLDERS

### Community-based organizations can:

- Determine effective ways that HIV testing services can be marketed to populations at highest risk, and take steps to allocate resources accordingly.
- Provide linkage to PrEP services for persons at substantial risk for HIV infection.

### Advocacy groups can:

- Promote access to PrEP for those at substantial risk and immediate treatment for persons with diagnosed HIV infection.
- Provide lawmakers and policymakers with the latest scientific information regarding HIV acquisition and transmission risks.

**Educational institutions and organizations can:**

- Provide comprehensive, age-appropriate, scientifically accurate sex education that addresses HIV risks for all youth through youth-informed programming.
- Address issues of stigma and discrimination against lesbian, gay, bisexual, and transgender (LGBT) youth and persons living with HIV in campus programming.

**Health care delivery organizations can:**

- Offer PrEP and adherence support to persons at substantial risk of HIV infection.
- Implement routine HIV screening as recommended by the U.S. Preventive Services Task Force.

## 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.

### 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.

### STEP 2.C

Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing.

## FOCUS QUESTIONS

- How can your organization connect people living with HIV to health care coverage?
- What can your organization do to strengthen the current provider workforce and increase the number of HIV providers through integrating services, collaborating across programs and systems, and providing or obtaining training and experience?
- In what ways can your organization help increase screening and treatment for substance use and mental health disorders for persons living with HIV?

## EXAMPLES OF ACTIONS FOR STAKEHOLDERS

### Community-based organizations can:

- Connect those people living with HIV who are uninsured with organizations that can provide care and help enroll them in health care coverage.
- Provide patient navigation and other linkages to prevention and care services.

### Advocacy groups can:

- Serve as watchdogs for discrimination in health care coverage and health care services for people living with HIV.

**Educational institutions and organizations can:**

- Integrate evidence-based models of care for employees and students living with HIV.
- Work with other educational organizations to form safe spaces for youth living with HIV.
- Prioritize research on improving health outcomes for people living with HIV.

**Health care delivery organizations can:**

- Provide referral services to connect people living with HIV to other essential services (housing, substance use disorder treatment, mental health services, etc.).
- Train health care providers on linkages to basic services such as housing and mental health care.
- Ensure immediate linkage to care and initiation of treatment as well as adherence support and culturally-appropriate services that support retention in care.



# GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

## STEP 3.A

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

## STEP 3.B

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

## STEP 3.C

Reduce stigma and eliminate discrimination associated with HIV status.

## FOCUS QUESTIONS

- How can your organization reach and provide prevention and care services to groups with the greatest health disparities in your community?
- How can your organization help scale up HIV prevention and care activities and services that address social determinants of health?
- What can your organization do to address stigma that impacts efforts to reduce new HIV infections and improve health outcomes for people living with HIV?

## EXAMPLES OF ACTIONS FOR STAKEHOLDERS

### Community-based organizations can:

- Engage with other community- and faith-based organizations to address stigma related to HIV, LGBT persons, substance use disorders, intimate partner violence, and other issues.
- Support employment opportunities and employment training opportunities for people living with HIV and people at risk for HIV.

### Advocacy groups can:

- Raise awareness about Federal and state anti-discrimination policies for persons living with HIV and provide technical assistance to community-based organizations.
- Connect those who have been discriminated against based on HIV status to legal services or Federal enforcement agencies such as the [Department of Justice's online portal](#) for submitting discrimination claims.

**Educational institutions and organizations can:**

- Enhance anti-bullying policies to include strategies to help youth living with HIV.
- Coach students in pre-professional training programs on how to effectively deliver services in a non-stigmatizing manner to diverse populations.
- Conduct research that addresses the role of social determinants of health in improving HIV diagnosis and care outcomes.

**Health care delivery organizations can:**

- Expand or enhance services to populations experiencing low rates of viral suppression, engaging members of those populations as advisors and outreach workers.

# 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.

## STEP 4.B

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

## FOCUS QUESTIONS

- How will your organization interface with other community stakeholders to ensure the Strategy is most effectively and efficiently implemented at the local and state levels?
- How can your data be used to assist other partners in refining their response to HIV in your community?
- In what ways will your organization monitor its own programs and create mechanisms for communities to collectively monitor progress among multiple stakeholders?

## EXAMPLES OF ACTIONS FOR STAKEHOLDERS

### Community-based organizations can:

- Engage with state and local health departments on their HIV prevention and care planning.
- Hold a forum to support increased coordination and collaboration as well as share best practices on service provision, prevention, and access to care for people living with HIV.

### Advocacy groups can:

- Publicize gaps in community programming and suggest points of collaboration between stakeholders.

### Educational institutions and organizations can:

- Provide education and training on use of data for guiding public health programs and resource allocation.

### Health care delivery organizations can:

- Identify areas for collaboration on research between public health and health care.

## RESOURCES LIST

This list is intended to provide you with a variety of information, guidance, and tools to help you plan community actions. This list highlights some resources available from the Federal government and is not exhaustive.

### STRATEGY DOCUMENTS

[National HIV/AIDS Strategy for the United States: Updated to 2020](#)

[Estrategia Nacional Contra El VIH/SIDA para los Estados Unidos: Actualizada Hasta 2020](#)

[National HIV/AIDS Strategy Updated to 2020: Federal Action Plan](#) – A compilation of actions to be undertaken by Federal agencies by 2020. This resource includes web links to Federal agencies where you can find additional HIV-related resources.

[National HIV/AIDS Strategy Updated to 2020: Indicator Supplement](#) – A snapshot of the 10 indicators that monitor progress towards the Strategy goals, with specific targets set for 2020.

### OTHER RESOURCES

[AIDS.gov](#) – The most up-to-date news source on the Federal government's actions on HIV/AIDS, including information on the Strategy, as well as the [HIV Testing and Care Services Locator](#).

[AIDSinfo](#) – NIH's website offering information on HIV/AIDS treatment, prevention, and research, including guidelines and recommendations.

[NCHHSTP Atlas](#) – Access data reported to CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention to create maps, charts, and detailed reports and analyze trends and patterns in your state and community.

[TARGET Center Self-Assessment Modules](#) – Workbooks to help Ryan White HIV/AIDS Program planning bodies and other entities self-assess their effectiveness.

[Act Against AIDS campaigns](#) – CDC campaigns targeting different areas, such as testing and awareness, as well as focus populations.

[UNAIDS Fast Track Cities Initiative](#) - Resources and recommendations for city-based planning.

# SAMPLE TEMPLATE: EXAMPLE FOR COMMUNITY-BASED ORGANIZATIONS

NHAS GOAL AND STEP	PROGRAMMATIC GOAL	ACTION	TARGET YEAR FOR COMPLETION	LEADERSHIP	PARTNERS	RESOURCES	DATA		
							MEASURES TO MONITOR PROGRESS	MEASURES OF IMPACT	
Step 1. C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.	Increase the number of young Black gay and bisexual men (YBMSM) and transgender women in our community who know their HIV status and who are connected to prevention and treatment.	<p>EXAMPLE: Determine effective ways that HIV testing services can be marketed to populations at highest risk.</p> <p>ACTION: Market HIV testing and PrEP services in our community through social media and print campaigns that are designed to reach YBMSM and transgender women.</p>	2018	Jane Doe	Community support groups, youth groups, radio and TV stations	\$10,000 x 3 years	Percentage increase of YBMSM and transgender women who know their HIV status, who are taking PrEP or PEP, and who are in treatment	Align with NHAS Indicators #1, #2, #4 and #6	Monthly blog posts, local news interviews

For a [downloadable template](#) you can fill in yourself, visit [AIDS.gov](https://www.aids.gov).

# SAMPLE TEMPLATE: EXAMPLE FOR HEALTH CARE DELIVERY ORGANIZATIONS

NHAS GOAL AND STEP	PROGRAMMATIC GOAL	ACTION	TARGET YEAR FOR COMPLETION	LEADERSHIP	PARTNERS	RESOURCES	DATA	
							MEASURES TO MONITOR PROGRESS	MEASURES OF IMPACT
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.	Improve quality of services for persons living with HIV who are affected by homelessness, poverty, mental health disorders and other related conditions.	<p>EXAMPLE: Train health care providers on linkages to basic services such as housing and mental health care.</p> <p>ACTION: Hold quarterly trainings for health care providers on linkages to basic services such as housing, employment, and mental health services.</p>	2016	George Jones	Local CBOs, local hospitals, and community health centers	Allocate funding from existing training programs	Percentage of county providers trained in linkages to basic services	Align with NHAS Indicators #5, #6, and #7
								Reaching out through existing networks, publicizing success through social media

For a [downloadable template](#) you can fill in yourself, visit [AIDS.gov](#).

# SAMPLE TEMPLATE: EXAMPLE FOR EDUCATIONAL INSTITUTIONS AND ORGANIZATIONS

NHAS GOAL AND STEP	PROGRAMMATIC GOAL	ACTION	TARGET YEAR FOR COMPLETION	LEADERSHIP	PARTNERS	RESOURCES	DATA		
							MEASURES TO MONITOR PROGRESS	MEASURES OF IMPACT	COMMUNICATIONS
Step 3.C: Reduce stigma and eliminate discrimination associated with HIV status.	Ensure students in our state can attend classes in a safe, supportive, and inclusive environment without fear of discrimination and bullying.	<p><b>EXAMPLE:</b> Enhance anti-bullying policies to include strategies to help youth living with HIV.</p> <p><b>ACTION:</b> Analyze anti-bullying policies in schools statewide for mechanisms through which youth living with HIV can seek counseling and tap into peer networks inside and outside school.</p>	2020	Jane Smith	State school board, State legislators X, Y and Z	\$50,000	Increase in number of students who say they feel safe in school	Align with NHAS Indicator #3	Target youth populations through Twitter, Facebook, and Snapchat

For a [downloadable template](#) you can fill in yourself, visit [AIDS.gov](https://www.aids.gov).

## SAMPLE TEMPLATE: EXAMPLE FOR ADVOCACY GROUPS

NHAS GOAL AND STEP	PROGRAMMATIC GOAL	ACTION	TARGET YEAR FOR COMPLETION	LEADERSHIP	PARTNERS	RESOURCES	DATA			
							MEASURES TO MONITOR PROGRESS	MEASURES OF IMPACT	COMMUNICATIONS	
Step 4.A: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal and local governments.	Increase the synthesis of information between community stakeholders to improve coordination on HIV program planning.	<p><b>EXAMPLE:</b></p> <p>Publicize gaps in community programming and suggest points of collaboration between stakeholders.</p> <p><b>ACTION:</b></p> <p>Encourage our local Prevention and Care Planning Council to evaluate local resource allocation, determine its alignment with our local surveillance data, and develop plan to shift formulas and resources to fill gaps for 2017 and onward.</p>	2017	John Doe	State and local health departments, advocacy groups	Staff time	Increase in number of programs informed by recent data	Align with NHAS Indicators #2, #3, and #9.	Internal communications: establish bi-weekly calls discussing progress at local councils	
							Increase in partnerships between State governments, health departments, and CBOs on programming			

For a [downloadable template](#) you can fill in yourself, visit [AIDS.gov](#).



# 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.



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To learn more about the National HIV/AIDS Strategy for the United States: Updated to 2020,  
visit [www.AIDS.gov/2020](http://www.AIDS.gov/2020)

**WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY**

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