

United States of America Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

A cross-agency gathering and validation of data was conducted.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

-

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2010-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

During 2010-2011, the United States government continued its commitment to turning the tide of the domestic and global HIV/AIDS pandemic. On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015 in reducing new HIV infections, improving access to care and health outcomes, and reducing HIV-related disparities. The visions of the NHAS is "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." Additionally, the United States has in place a national plan for HIV prevention developed by the Centers for Disease Control and Prevention (CDC).

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Departments of Health and Human Services, Labor, Justice, Housing and Urban Development, Veterans Affairs, and

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-

Other [write in]:

-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

No

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

N/A

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The Presidential Advisory Council on HIV/AIDS (PACHA) was established to provide policy recommendations on the U.S. government’s response to the HIV/AIDS epidemic. In this way, the PACHA provides advice, information, and recommendations to the Secretary regarding programs and policies intended to promote effective prevention of HIV disease, and to advance research on HIV disease and AIDS.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

-

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

N/A

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Key population groups as noted above

Briefly explain how this information is used:

-

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

National, regional, state and local
Briefly explain how this information is used:

-

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

On March 23, 2010, President Obama signed into law the Affordable Care Act and set into place an effort that will help ensure Americans have secure, stable, affordable health insurance and the relief they need from skyrocketing health insurance costs. Historically, people living with HIV and AIDS have had a difficult time obtaining private health insurance. Currently, fewer than one in five (17 percent) people living with HIV has private insurance and nearly 30 percent do not have any coverage.

Medicaid, the federal-state program that provides health care benefits to low-income people and those living with disabilities, is a major source of coverage for people living with HIV/AIDS, as is Medicare, the federal program for seniors and people with disabilities. The Ryan White CARE HIV/AIDS Treatment Extension Act of 2009 is another key source of funding for health and social services for this population. The Affordable Care Act addresses these problems beginning this year. As early as September 23, 2010, insurers will no longer be able to deny coverage to children living with HIV or AIDS. Insurers also are prohibited from cancelling or rescinding coverage to adults or children unless they can show evidence of fraud in an application. And insurers no longer can impose lifetime caps on insurance benefits. These changes will begin to improve access to insurance for people living with HIV/AIDS and other disabling conditions and help people with these conditions retain the coverage they have. These changes will provide an important bridge to the significant changes in insurance that will be made in 2014 as the Affordable Care Act is fully implemented. Beginning in 2014, insurers will not be allowed to deny coverage to anyone or impose annual limits on coverage. People with low and middle incomes will be eligible for tax subsidies that will help them buy coverage from new state health insurance exchanges. The Affordable Care Act also broadens Medicaid eligibility to generally include individuals with income below 133 percent of the federal poverty line (\$14,400 for an individual and \$29,300 for a family of 4), including single adults who have not traditionally been eligible for Medicaid benefits before. As a result, a person living with HIV who meets this income threshold no longer has to wait for an AIDS diagnosis in order to become eligible for Medicaid. The Affordable Care Act also phases out the Medicare Part D prescription drug benefit "donut hole," giving Medicare enrollees living with HIV and AIDS the peace of mind that they will be better able to afford their medications. Beneficiaries who reach the donut hole in 2010 will receive a one-time rebate of \$250. In 2011, these beneficiaries will receive a 50 percent discount on brand-name drugs while they are in the "donut hole," a considerable savings for people taking costly HIV/AIDS drugs. In addition, ADAP benefits will be considered as contributions toward Medicare Part D's true Out of Pocket Spending Limit ("donut hole"), a huge relief for low-income individuals living with HIV and AIDS.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

On March 23, 2010, President Obama signed into law the Affordable Care Act and set into place an effort that will help ensure Americans have secure, stable, affordable health insurance and the relief they need from skyrocketing health insurance costs. Historically, people living with HIV and AIDS have had a difficult time obtaining private health insurance and have been particularly vulnerable to insurance industry abuses.

What challenges remain in this area:

Department of Health and Human Services, Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and U.S. Territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Part B grants include a base grant; the AIDS Drug Assistance Program (ADAP) award; ADAP Supplemental Drug Treatment Program funds; and supplemental grants to States with "emerging communities," defined as jurisdictions reporting between 500 and 999 cumulative AIDS cases over the most recent 5 years. As of December 21, 2011, there were 4,333 individuals on ADAP waiting lists in twelve (12) states.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have

demonstrated leadership:

The President, high federal government officials, and officials in state government often speak publicly about HIV/AIDS. President Obama referenced the Administration's HIV/AIDS activities on several occasions in 2010-11. In addition to World AIDS Day (December 1), there are many other official HIV/AIDS awareness and observance days promoted in the U.S. which provide opportunities for officials at all levels of government to speak publicly about HIV/AIDS. They include: National Black HIV/AIDS Awareness Day (February 7), National Women and Girls HIV/AIDS Awareness Day (March 10), National Native HIV/AIDS Awareness Day (March 20), HIV Vaccine Awareness Day (May 18), National Asian and Pacific Islander HIV/AIDS Awareness Day (May 19), Caribbean American HIV/AIDS Awareness Day (June 8), National HIV Testing Day (June 27), National HIV/AIDS Aging Awareness Day (September 18), National Gay Men's HIV/AIDS Awareness Day (September 27), and National Latino AIDS Awareness Day (October 15).

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Nancy Mahon, Presidential Advisory Council on HIV/AIDS Chair

Have a defined membership?:

Yes

IF YES, how many members?:

23

Include civil society representatives?:

Yes

IF YES, how many?:

21

Include people living with HIV?:

Yes

IF YES, how many?:

7

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

-

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

The Presidential Advisory Council on HIV/AIDS (PACHA) is a multi-sectorial representative body that advises the federal government on the nation's HIV/AIDS response and provides the public a forum for comment and engagement. The PACHA website appears here: aids.gov/pacha. In addition, www.AIDS.gov provides comprehensive information on the federal government's efforts in HIV prevention and care.

What challenges remain in this area:

While mechanisms to seek civil society input exist, the stigma associated with HIV remains extremely high and fear of discrimination causes some Americans to avoid learning their HIV status, disclosing their status, accessing medical care, or speaking out. Data indicate that HIV disproportionately affects the most vulnerable in our society—those Americans who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Further, in some heavily affected communities, HIV may not be viewed as a primary concern, such as in communities experiencing problems with crime, unemployment, lack of housing, and other pressing issues. Therefore, to successfully address HIV, we need more and better community-level approaches that integrate HIV prevention and care with more comprehensive responses to social service needs. (NHAS)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes
Procurement and distribution of medications or other supplies:
Yes
Technical guidance:
Yes
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

No
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

-
Since 2009, what have been key achievements in this area:

n/a
What challenges remain in this area:
On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS) addressing several of these issues.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

The Department of Justice, Civil Rights Division, enforces federal statutes designed to protect the civil rights of all individuals and prohibit discrimination, including on the basis of disability. The primary goal of the Disability Rights Section of that Division is to achieve equal opportunity for people with disabilities, including those with HIV/AIDS, in the United States by implementing the Americans with Disabilities Act (ADA), and achieves that goal through enforcement, certification, regulatory, coordination, and technical assistance activities. The Housing and Civil Enforcement Section of that Division enforces the Fair Housing Act, which prohibits discrimination in housing, including against persons with disabilities. Several other federal agencies play specific roles in enforcing federal civil rights laws. The Equal Employment Opportunity Commission investigates and enforces employment discrimination laws. The Office of Fair Housing and Equal Opportunity in the Department of Housing and Urban Development administers and enforces federal laws related to housing discrimination. The Office of Civil Rights in the Department of Education ensures equal access to education and promotes education excellence through enforcement of discrimination laws in the education context. The Office for Civil Rights (OCR) within the Department of Health and Human Services is another entity for civil rights and health privacy law enforcement, OCR investigates complaints, enforces rights, and promulgates regulations, develops policy and provides technical assistance and public education to ensure understanding of and compliance with non-discrimination and health information privacy laws. Federal civil rights laws and the Health Insurance

Portability and Accountability Act (HIPAA) Privacy Rule, together protect fundamental rights of nondiscrimination and health information privacy. Further, the Department of Labor's Office of Federal Contract Compliance Programs has specific policies under Section 503 regulations concerning HIV/AIDS and related conditions guidelines for processing and investigating complaints filed by or on behalf of persons with HIV/AIDS and related conditions.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

The National HIV/AIDS Strategy has a recommended action "To reduce stigma and discrimination experienced by people living with HIV, strengthen enforcement of civil rights laws: The Department of Justice and federal agencies must enhance cooperation to facilitate enforcement of federal antidiscrimination laws."

Briefly comment on the degree to which they are currently implemented:

Department of Justice and federal agencies are actively working to implement non-discrimination laws or regulations and reduce stigma and discrimination.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

Individual states have the authority to create legislation and a list of state-related HIV criminalization laws is available here: http://data.lambdalegal.org/publications/downloads/fs_hiv-criminalization.pdf

Briefly comment on how they pose barriers:

The United States has a federal system of government. Programming for most-at-risk populations and other vulnerable subpopulations is dealt with at the federal, state, tribal, and local levels. In some states and municipalities there may be laws that prevent effective and comprehensive HIV prevention, care and support for some populations. Local policy-setting can both increase or decrease obstacles to successful outreach and are specific to communities.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

No

Teacher training?:

No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

The country has developed multiple venues for the dissemination of HIV/AIDS information; communication and education and the mediums are reviewed and revised often. For example, the CDC National Prevention Information Network (NPIN) is the U.S. reference and referral service for information on HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB). NPIN collects, catalogs, processes, and electronically disseminates materials and information on HIV/AIDS, viral hepatitis, STDs, and TB to organizations and people working in those disease fields in international, national, state, and local settings. www.AIDS.gov works to increase HIV testing and care among people most at-risk for, or living with, HIV, by using emerging communication strategies to provide access to Federal HIV information, policies (e.g. the National HIV/AIDS Strategy), programs, and resources.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-

No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS) addressing these issues.

What challenges remain in this area:

While federal policy exists, states and jurisdictions have the authority to develop their prevention efforts, therefore great variation exists in resources deployed, interventions utilized and the composition of the populations affected.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS) addressing specific HIV treatment, care,

and support service issues.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

This effort is underway as part of the development of the National HIV/AIDS Strategy. The Ryan White Care Act is administered by the HHS Health Resources and Services Administration, HIV/AIDS Bureau. Federal funds are awarded to agencies located around the country, which in turn deliver care to eligible individuals under funding categories called Parts to meet needs for different communities and populations affected by HIV/AIDS. Also, CDC has recommendations in place for HIV testing “intended for all health-care providers in the public and private sectors, including those working in hospital emergency departments, urgent care clinics, inpatient services, substance abuse treatment clinics, public health clinics, community clinics, correctional health-care facilities, and primary care settings. The recommendations address HIV testing in health-care settings only.” Additionally, NIH periodically updates clinical Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Furthermore, the U.S. federal system delegates some of this authority to the states.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

The government provides support to people living with HIV/AIDS and who qualify for supports including medical care, housing assistance, income assistance among others.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes

IF YES, for which commodities?:

The federal government has access to the Pan American Health Organization's (PAHO) Regional Revolving Fund for Strategic Public Health Supplies, a mechanism created to promote access to quality essential public health supplies in the Americas,

and additionally, federal, state, and local entities have sufficient commodity procurement mechanisms and networks.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

The HHS Food and Drug Administration (FDA) continues to take actions for new product approvals to increase the armamentarium of drugs available to treat HIV and AIDS-related conditions; improve adherence through with more convenient dosing; make diagnostic testing more efficient and more convenient; contribute to increased access to treatment by lowering treatment cost with generic formulations; and provide for safer use of antiretroviral drugs through improved labeling and safety information. In June 2010, FDA approved a fourth generation HIV diagnostic assay that allows for earlier detection of HIV. The new test is also the first diagnostic test approved by FDA indicated for use in children as young as 2 years of age, and pregnant women.

What challenges remain in this area:

Generic drugs, specifically antiretrovirals are still not licensed to be sold in the U.S. In addition, in some states, prevention efforts are underfunded, in part because of budget constraints, and in part because of the priority placed on treatment and care. Additionally, funding for the AIDS Drug Assistance Program (ADAP), a national program initiated by the U.S. government in 1987 through the Ryan White Care Act to provide free or low cost drugs to people with HIV who have limited financial resources, is insufficient to meet demand. This shortfall resulted in 4,333 clients in need of drug assistance on a waiting list as of December 21, 2011.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

No

Briefly describe any challenges in development or implementation:

There is no one national Monitoring and Evaluation plan; however, from 1982 to the present, there have been multiple M&E tools in place throughout the federal government, primarily within the CDC.

Briefly describe what the issues are:

Issues for the federal government remain around streamlining and standardizing data collection, simplifying grant administration activities, including work to standardize data collection and grantee reporting requirements for federal HIV programs.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

No

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes

In the National HIV Commission (or equivalent)?:
No

Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Government agencies funding HIV/AIDS research, prevention, treatment, and care release periodic M&E data and reports for public dissemination. Data sharing exists through formal mechanisms with data sharing agreements between agencies, between states health departments and agencies, and in other variations.

What are the major challenges in this area:

A central challenge is the lack of streamlined and standardized data collection and reporting. The National HIV/AIDS Strategy outlines actions for the federal government to take short and longer-term efforts to simplify grant administration activities, including work to standardize data collection, consolidating grant announcements, and grantee reporting requirements for federal HIV programs. Another set of major challenges lies in the policy/legal/structural domain where data sharing is prohibited out of concern for patient confidentiality, etc.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

No

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

-

6.2. Is there a functional Health Information System?

At national level:
No

At subnational level:
Yes

IF YES, at what level(s)?:
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:
Yes

In developing / revising the national HIV response?:
Yes

For resource allocation?:
Yes

Other [write in]:
M&E data are used to determine if the target populations are being reached by programs.

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

-

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

n/a

At subnational level?:

Yes

IF YES, what was the number trained:

n/a

At service delivery level including civil society?:

Yes

IF YES, how many?:

n/a

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

State and local health departments are provided technical guidance and are able to apply for supplemental surveillance funding. Engagement with grantees to determine appropriate and feasible measures and reporting plans and processes.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

6

Since 2009, what have been key achievements in this area:

Providing adequate data systems for local use; developing M&E strategies to support the National HIV/AIDS Strategy.

What challenges remain in this area:

Developing new measures of performance and reporting capacity as health department programs change under the National HIV/AIDS Strategy.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

5

Comments and examples:

The Presidential Advisory Council on HIV/AIDS (PACHA) was established to provide policy recommendations on the U.S. government's response to the HIV/AIDS epidemic. In this way, the PACHA provides advice, information, and recommendations to the Secretary regarding programs and policies intended to promote effective prevention of HIV disease, and to advance research on HIV disease and AIDS.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

5

Comments and examples:

The Presidential Advisory Council on HIV/AIDS (PACHA) is responsible for monitoring and evaluation of the National HIV/AIDS Strategy. "The Presidential Advisory Council on HIV/AIDS will provide, on an ongoing basis, recommendations on how to effectively implement the strategy, as well as monitor the Strategy's implementation. At least once per year, a significant focus of one of the PACHA meetings will be to review the progress of federal agencies and non-federal stakeholders in implementing the recommendations." (NHAS)

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

3

c. The national HIV reports?:

3

Comments and examples:

-

4.

a. Developing the national M&E plan?:

3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

3

c. Participate in using data for decision-making?:

3

Comments and examples:

-

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

-

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

-

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

25-50%

Men who have sex with men:

51-75%

People who inject drugs:

>75%

Sex workers:

>75%

Transgendered people:

25-50%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

25-50%

Home-based care:

-

Programmes for OVC:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

9

Since 2009, what have been key achievements in this area:

PACHA has developed resolutions and conducted meetings to discuss National HIV/AIDS Strategy progress, provide opportunity for public/civil engagement and present recommendations to the government. Furthermore, there are public comment opportunities on HIV/AIDS related issues via www.AIDS.gov – a website responsible for coordinating HIV/AIDS related information across the federal government.

What challenges remain in this area:

While mechanisms to seek civil society input exist, the stigma associated with HIV remains extremely high and fear of discrimination causes some Americans to avoid learning their HIV status, disclosing their status, accessing medical care, or speaking out. Data indicate that HIV disproportionately affects the most vulnerable in our society—those Americans who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Further, in some heavily affected communities, HIV may not be viewed as a primary concern, such as in communities experiencing problems with crime, unemployment, lack of housing, and other pressing issues. Therefore, to successfully address HIV, we need more and better community-level approaches that integrate HIV prevention and care with more comprehensive responses to social service needs. (NHAS)

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

The U.S. has over 50 groups who represent vulnerable populations. Each of these organizations is involved in policy design and implementation. There are also U.S. state-level groups (HIV Care and Treatment Consortia and eligible Metropolitan-

Area HIV-Planning Councils) and local groups (Community HIV-Prevention Planning Groups) that participate in policy planning and program implementation with the federal government. There are federal requirements for the participation of people living with HIV in these planning bodies. Further, CDC and HRSA invest significant resources in training and technical assistance on parity, inclusion, and representation of people living with HIV in policy making processes. There are eight openly HIV-positive members on the Presidential Advisory Council on HIV/AIDS, as well as HIV-positive staff in ONAP, and at the Office of the Global AIDS Coordinator.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Protections are afforded to all Americans regardless of risk and vulnerability status.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Protections are afforded to all Americans regardless of risk and vulnerability status.

Briefly comment on the degree to which they are currently implemented:

States enforce the protections afforded to all Americans regardless of risk and vulnerability status.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

-

2.1. IF YES, for which sub-populations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

The Americans with Disabilities Act (ADA) is a comprehensive disability anti-discrimination law, which includes HIV/AIDS as a disability and entitles protection regardless of symptoms or lack of symptoms (42 USC. 12102, 42 USC. 12112, 42 USC. 12132, 42 USC. 12182, 29 CFR 1630, 28 CFR 35.130, 28 CFR 36.201). In addition, the Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by federal agencies, in program receiving federal financial assistance, in federal employment, and in the employment practices of federal contractors (29 USC. 791, 793, 794). The Fair Housing Act prohibits housing discrimination, including on the basis of disability (42 USC. 802, 804, 805). Furthermore, federal civil rights laws and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, together protect all citizens fundamental rights of nondiscrimination and personal health information privacy. HIPAA attempts to address some of the barriers to healthcare coverage and related job mobility impediments facing people with HIV as well as other vulnerable populations. The Department of Labor's Office of federal Contract Compliance Programs administers and enforces three equal employment opportunity laws that apply to federal contractors and subcontractors: Executive Order (EO) 11246, as amended; Section 503 of the Rehabilitation Act of 1973, as amended; and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended (38 USC. 4212). These EEO laws prohibit Federal contractors and subcontractors from discriminating on the basis of race, color, religion, sex, national origin, or status as a qualified individual with a disability or protected veteran. OFCCP also shares responsibility with the U.S. Equal Employment Opportunity Commission in enforcing Title I of the Americans with Disabilities Act.

Briefly comment on how they pose barriers:

The United States has a federal system of government. Programming for most-at-risk populations and other vulnerable subpopulations is dealt with at the federal, state, tribal, and local level. In some states and municipalities there may be laws that prevent effective and comprehensive HIV prevention, care, and support for some populations. Local policy-setting can both increase or decrease obstacles to successful outreach and are specific to communities.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

The Violence Against Women Act of 1994 (VAWA) was the first major law to help government agencies and victim advocates work together to fight domestic violence, sexual assault, and other types of violence against women. It created new punishments for certain crimes and started programs to prevent violence and help victims. Over the years, the law has been expanded to provide more programs and services. VAWA was reauthorized by Congress in 2000, and again in December 2005 and will be up for reauthorization in 2012. Currently, some included items are: violence prevention programs in communities; protections for victims who are evicted from their homes because of events related to domestic violence or stalking; funding for victim assistance services like rape crisis centers and hotlines; programs to meet the needs of immigrant women and women of different races or ethnicities; programs and services for victims with disabilities; legal aid for survivors of violence; and services for children and teens.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The Department of Justice, Civil Rights Division, enforces federal statutes designed to protect the civil rights of all individuals and prohibit discrimination, including on the basis of disability. The primary goal of the Disability Rights Section of that Division is to achieve equal opportunity for people with disabilities, including those with HIV/AIDS, in the United States by implementing the Americans with Disabilities Act (ADA), and achieves that goal through enforcement, certification, regulatory, coordination, and technical assistance activities. The Housing and Civil Enforcement Section of that Division enforces the Fair Housing Act, which prohibits discrimination in housing, including against persons with disabilities. Several other federal agencies play specific roles in enforcing federal civil rights laws. The Equal Employment Opportunity Commission investigates and enforces employment discrimination laws. The Office of Fair Housing and Equal Opportunity in the Department of Housing and Urban Development administers and enforces federal laws related to housing discrimination. The Office of Civil Rights in the Department of Education ensures equal access to education and promotes education excellence through enforcement of discrimination laws in the education context. The Office for Civil Rights (OCR) within the Department of Health and Human Services is another entity for civil rights and health privacy law enforcement, OCR investigates complaints, enforces rights, and promulgates regulations, develops policy and provides technical assistance and public education to ensure understanding of and compliance with nondiscrimination and health information privacy laws. Federal civil rights laws and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, together protect fundamental rights of nondiscrimination and health information privacy. Further, the Department of Labor's Office of Federal Contract Compliance Programs has specific policies under Section 503 regulations concerning HIV/AIDS and related conditions guidelines for processing and investigating complaints filed by or on behalf of persons with HIV/AIDS and related conditions.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable subpopulations?:

Yes

IF YES, briefly describe this mechanism:

States enforce the protections afforded to all Americans regardless of risk and vulnerability status and Department of Justice

is able to record, document and address cases of discrimination.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
No	Yes	No
Yes	Yes	No
Yes	Yes	No

If applicable, which populations have been identified as priority, and for which services?:

Underinsured and uninsured, disabled, elderly (65 years and older), pregnant women, children (18 years and under).

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes
7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes
IF YES, Briefly describe the content of this policy/strategy and the populations included:

-

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

-

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

Yes
IF YES, briefly describe the content of the policy or law:

-

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

Yes

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes
IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

-

Since 2009, what have been key achievements in this area:

The Department of Justice has facilitated Settlement Agreements and Consent Decrees in the following highlighted discrimination cases against HIV-infected individuals. • American Laser Centers, LLC -- re: resolving laser hair removal company's denial based on HIV status of the full array of services provided to others who seek hair removal treatment -- signed June 28, 2011 • Modern Hairstyling Institute, Inc. -- re: settlement of investigation in response to an allegation that Modern Hairstyling Institute, Inc. discriminated against an HIV-positive applicant by denying her enrollment -- signed December 2, 2010 • Wales West LLC (Wales West RV Resort) -- re: denying a child with the Human Immunodeficiency Virus (HIV) and his family full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations offered -- signed January 14, 2010

What challenges remain in this area:

Challenges regarding state level variation on HIV criminalization laws and regulations and their enforcement remain.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

7

Since 2009, what have been key achievements in this area:

In March 2011, the department of justice issued a letter to states regarding illegal exclusion of individuals with HIV/AIDS from occupational training and state licensing. in addition, the departments of justice and health and human services are working together provide technical assistance resources to states considering changes to HIV criminal statutes in order to align laws and policies with public health principles.

What challenges remain in this area:

Challenges regarding state level variation on human rights policies, laws, and regulations and their enforcement remain.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

With the release of the National HIV/AIDS Strategy in 2010 a renewed focus on prevention, particularly intensifying HIV prevention efforts in communities where HIV is most heavily concentrated was established.

What challenges remain in this area:

Challenges regarding identifying how to target prevention resources and with what specific combination of interventions remain.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Yes, treatment guidelines are periodically updated, with the latest update in October 2011 on treating HIV-infected adults and adolescents, including utilization of resistance testing, initiation of treatment, preferred first-line regimens, adverse events to antiretroviral medications, managing treatment-experienced patients, and considerations for special populations.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

The National HIV/AIDS Strategy, under the goal of Increasing Access to Care and Improving Health Outcomes for People Living with HIV lists three targets to: increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis; increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care; and increase the number of Ryan White clients with permanent housing.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

On March 23, 2010, President Obama signed into law the Affordable Care Act and set into place an effort that will help ensure Americans have secure, stable, affordable health insurance and the relief they need from skyrocketing health insurance costs. Historically, people living with HIV and AIDS have had a difficult time obtaining private health insurance.

What challenges remain in this area:

50 million Americans (nearly 1 in 6) remain uninsured and access to and utilization of health services remains a challenge. Antiretroviral drug costs remain the highest portion of health care expenditures for people living with HIV/AIDS. People with HIV/AIDS also face barriers to obtaining care from qualified providers.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/197/united-states-america-report-ncpi>