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The 30 for 30 Campaign Finds Gender-based Disparities Must Be Acknowledged and Addressed in the NHAS to Improve Health Care Access and Health Outcomes for Women Living with HIV in the U.S.

In the run-up to the five year evaluation of the National HIV/AIDS Strategy (NHAS), the 30 for 30 Campaign is reviewing successes and gaps in the progress made nationally regarding the needs of women at risk of and living with HIV. While advances have been made, most of the underlying factors contributing to women's vulnerability to HIV are inadequately addressed. Similarly, the needs of women living with HIV are still insufficiently met. This analysis identifies critical areas in which progress for women within our national HIV response has stalled.

Although fewer women than men are living with HIV in the US, clear gender-based disparities are nevertheless evident. Among American living with HIV and receiving ART, 30% are virally suppressed.ⁱ Among women, however, only 26 % on ART have achieved viral suppression.ⁱⁱ Nationally, the percentage of late diagnoses (individuals who already have AIDS-defining conditions when receiving their first positive HIV test) decreased among men between 2008 and 2012 but increased among women during that time span.ⁱⁱⁱ People receiving late diagnoses have likely been HIV positive for a decade but have gone untreated and uncounted in national HIV surveillance records during that time. While African American men make up 42 percent of all American men living with HIV,^{iv} African American women make up almost two thirds (64 percent) of all women living with HIV domestically.^v And transgender women have higher rates of new HIV diagnoses by population than men who have sex with men, the second most heavily impacted population.^{vi}

As stated by C. Virginia Fields, Executive Director, National Black Leadership Commission on AIDS (NBLCA) and Chair for the 30 for 30 Campaign Steering Committee, "This analysis summarizes major structural and service delivery barriers that are impeding progress toward meeting women's needs for HIV prevention, treatment, care and support in the United States." In a 2012 resolution, the PACHA's called for "specific, targeted and measurable goals and objectives for reducing HIV incidence and HIV related health disparities and improving health care access and health outcomes for women living with HIV."^{vii} The 30 for 30 Campaign is identifying areas where such metrics are needed and contending that their addition to the NHAS is essential to track national progress toward meeting women's needs. Without these, progress will remain stalled because, as the world of business management puts it, "what doesn't get measured doesn't get done."^{viii}

ⁱ <https://www.aids.gov/federal-resources/policies/care-continuum/>

ⁱⁱ http://www.thewellproject.org/sites/default/files/WRI_2013_Meeting_Summary_2.pdf

ⁱⁱⁱ http://www.cdc.gov/hiv/pdf/surveillance_report_vol_19_no_3.pdf

^{iv} <http://www.avert.org/hiv-aids-among-african-americans.htm>

^v <http://www.avert.org/hiv-aids-among-african-americans.htm>

^{vi} <http://www.cdc.gov/hiv/risk/transgender/>

^{vii} <https://www.aids.gov/federal-resources/pacha/meetings/2012/may-2012-resolution-on-women.pdf>

^{viii} <http://www.ksg.harvard.edu/thebehnreport/October2007.pdf>

30 for 30 Campaign is a coordinating body of HIV and reproductive health organizations from every region of the country working to ensure that the unique needs of women living with and affected by HIV, including transgender women, are addressed in all relevant HIV funding, programs, and policies.