

Dear Colleagues,

We're pleased to report [compelling findings](#) from a new study supported by CDC through the President's Emergency Plan for AIDS Relief (PEPFAR) that shows our collective global efforts are curbing the HIV epidemic and saving lives. Today, at the International AIDS Society Conference on HIV Science, the Government of the Kingdom of Swaziland, CDC, PEPFAR, and our partners released results that signal a dramatic transformation in Swaziland where HIV had been destabilizing families, communities, and the economy.

These [findings](#) show that, between 2011 and 2016, Swaziland nearly halved the rate of new HIV infections and doubled community HIV viral load suppression. The targeted HIV service delivery by the Government of Swaziland, CDC, PEPFAR, and other partners in recent years is yielding dividends. In addition, these results add to [recent findings](#) from three other countries supported by PEPFAR – Malawi, Zambia, and Zimbabwe – that also indicate tremendous progress toward controlling HIV epidemics.

The results are from the second Swaziland HIV Incidence Measurement Survey (SHIMS2). SHIMS2 is a type of Population-based HIV Impact Assessment (PHIA), which is a national survey conducted by ministries of health, with PEPFAR, CDC, and our partner ICAP at Columbia University. These complex surveys provide the critical data needed to measure progress toward [globally endorsed targets](#) to end HIV.

In addition to measuring the impact of the interventions to date, the PHIA's provide data to point us to what we must do next -- specific populations and geographic areas that most urgently need HIV interventions. In Swaziland, data show younger men who are not aware they are HIV-positive need to be found and linked to treatment services that accommodate their needs. This is true in Malawi, Zambia and Zimbabwe too. We also need to continue to reach adolescent girls and young women. PHIA survey findings have already been used by Malawi, Zambia and Zimbabwe to focus precious resources on urgent program priorities, allowing for maximum impact and efficiency.

CDC's role in implementing the PHIA's is one example of our commitment to achieving epidemic control, saving lives and maximizing U.S. investments. We are focused on accelerating countries' efforts on a number of critical fronts – from developing new strategies to diagnose more people living with HIV and link them to treatment, to helping scale up viral load testing. CDC is also supporting critical prevention efforts including voluntary medical male circumcision and pre-exposure prophylaxis.

To sustain these gains, we continue to focus on adolescent girls and young women through [DREAMS](#) (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe), with an expanded focus on 10 to 14 year olds for violence and risk avoidance. CDC has led the [Violence Against Children surveys](#) that identified this critical need. Through innovative, evidence-based violence and risk prevention programs such as Families Matter, Teachers Matter, Faith Matters, and Communities Matter, we work to build awareness and skills among adults to protect children and combat stigma.

As a leader in the global HIV response, CDC remains committed to working with our partners, especially countries, to control the HIV epidemics. Efforts by countries with PEPFAR support are contributing to saving lives and long-term economic stability. Ultimately, that protects us here at home and makes the world a safer place for all.

Sincerely,

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