HIV PREVENTION THE DATA ARE CLEAR

CDC-funded community-based organizations are critical to ending HIV in the U.S.: Here is the proof

The Centers for Disease Control and Prevention (CDC) recently announced that it will no longer support a program (grant number PS21-2102) that directly funds community-based organizations (CBOs) for critical HIV prevention activities. Averaging **$442,000** per year over five years, the grants funded CBOs to provide HIV testing, linkage to care for people diagnosed with HIV, as well as other HIV prevention services. **Despite termination of the program by the Administration, published data evaluating the program show how critical these CBOs are in the fight against HIV.**

VOLUME VERSUS PRECISION, 2012–2017

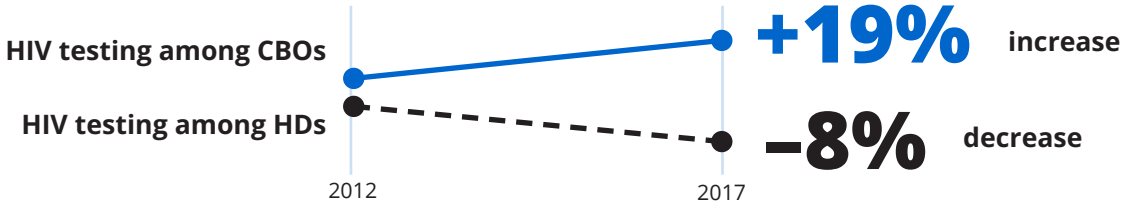
CBOs conducted only 2.9% of HIV tests — yet found a far higher share of positives than health departments.

A 2021 CDC analysis comparing HIV prevention activities between 61 CDC-funded state and local health departments (HDs) and 175 CDC-funded CBOs found that the overwhelming majority of HIV tests conducted between 2012 and 2017 were among HDs.

FIGURE 1 Share of 18,991,833 CDC-funded HIV tests, 2012–2017

CHANGE IN TESTING VOLUME, 2012 TO 2017

HIV testing among CBOs **increased each year** between 2012 and 2017, while HIV testing among HDs decreased over the same time period.



Source: CDC analysis of funded HIV testing programs, 2012–2017 (PubMed 34608887)

TEST RESULTS, 2012–2017

2.0%
HIV-positive rate, CBOs
11,040 positives

0.8%
HIV-positive rate, HDs
156,719 positives

1.4%
Newly diagnosed, CBOs
7,625 new cases

0.5%
Newly diagnosed, HDs
90,614 new cases

RATE OF NEWLY DIAGNOSED HIV CASES

3X

higher among tests conducted by **CDC-funded CBOs** than by CDC-funded health departments. The rate of all HIV-positive results was **2.5x higher** at CBOs.

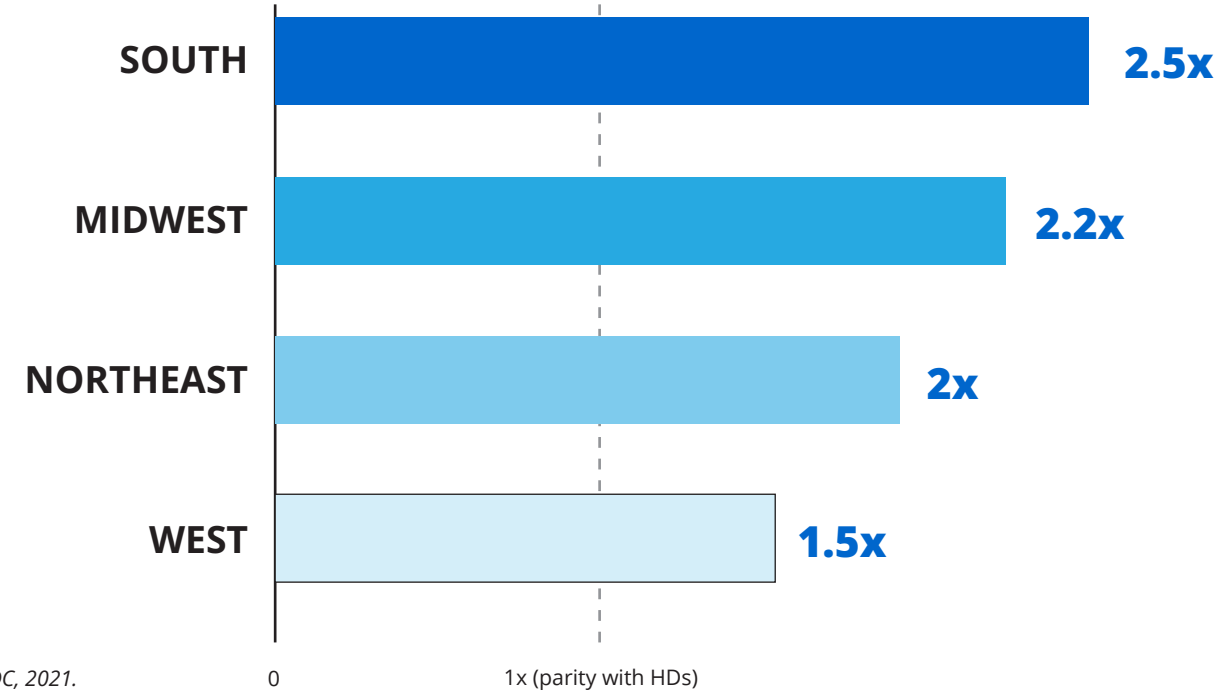
amfAR | THE ANDELSON OFFICE OF PUBLIC POLICY

T: +1 202.331.8600 · www.amfar.org

CBOs were more likely to identify new HIV diagnoses across regions and groups

By geographic region, rates of newly diagnosed HIV among tests conducted by CDC-funded CBOs versus CDC-funded HDs were higher everywhere — and highest in the South, where the U.S. epidemic is most concentrated.

FIGURE 2 Rate of newly diagnosed HIV at CBOs, relative to health departments



Source: CDC, 2021.

WHO CBOs REACH

CDC-funded CBOs were more likely to identify newly diagnosed HIV cases among:

RACE / ETHNICITY

- African Americans (2x)
- Latinos (1.8x)
- Whites (1.7x)

AGE

- 13–19 years (2.5x)
- 20–29 years (2.2x)
- 30–39 years (2x)
- 40–49 years (1.5x)

**There were no differences between CBOs and HDs in detecting new HIV diagnoses among Asian Americans. The study did not report data on Native American communities.*

HIV PREVENTION THE DATA ARE CLEAR

CBOs link people to care sooner, and more often.

Timely linkage to care after testing positive for HIV is crucial for the health of people living with HIV as well as for HIV prevention. Established guidelines recommend linking people who test positive for HIV to healthcare within 30 days. A 2024 CDC analysis of 61 state and local HDs and 150 CDC-funded CBOs found that CDC-funded CBOs also performed better at linking people to care sooner than CDC-funded HDs.

NEWLY DIAGNOSED, LINKED TO CARE WITHIN 30 DAYS, 2019–2021

86.7%
CDC-FUNDED CBOS

73.7%
CDC-FUNDED HEALTH DEPARTMENTS

A greater proportion of people newly diagnosed with HIV between 2019 and 2021 were linked to care within 30 days by CDC-funded CBOs than by CDC-funded HDs.

FIGURE 3
% linked to care in 30 days

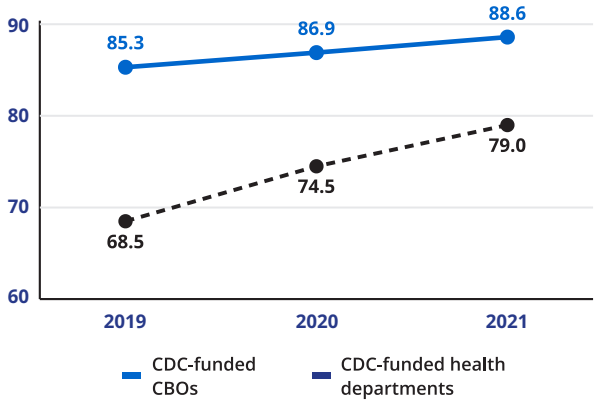
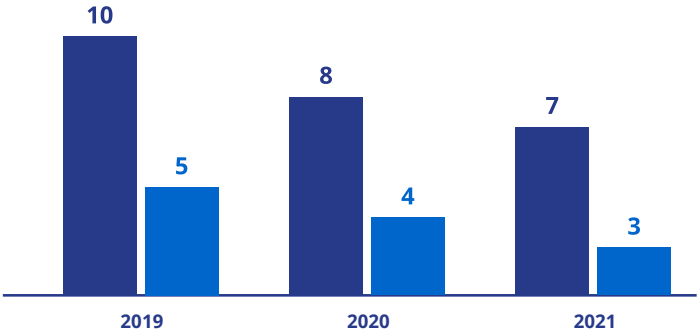


FIGURE 4
Median number of days from diagnosis to linkage



Every year between 2019 and 2021, CBOs linked a greater proportion of clients to care, and in fewer days. Source: CDC, 2024

Compared with HDs, CBOs linked to HIV medical care within 30 days a greater proportion of newly diagnosed **males, females, every age cohort between 13 and 49, African Americans, Whites, and Latinos, as well as men who have sex with men, men who have sex with men and inject drugs, transgender people,** and people in the **Southern United States**.

SUMMARY

CDC-funded CBOs diagnose a greater proportion of HIV-positive people compared to CDC-funded HDs, a greater proportion of people with newly diagnosed HIV, **and link a greater proportion of people** to HIV medical care within 30 days.

The work of CDC-funded CBOs cannot be done by CDC-funded HDs (and vice versa). While CDC-funded HDs conduct more HIV tests and identify a greater number of positives (i.e., volume), CDC-funded CBOs identify a greater proportion of positives despite conducting fewer tests (i.e., precision).

CDC-funded CBOs have the trust and access to populations that are more vulnerable to HIV infection. **Without CDC-funded CBOs we will miss diagnosing and linking to care populations that HDs are less likely to reach.**

This efficiency is a value add to national HIV prevention efforts given the comparatively modest cost of the CDC's CBO program. CBOs and HDs play complementary roles, but both are crucial to the HIV response.

Both CDC-funded CBOs and CDC-funded HDs are integral for the success of HIV prevention in the U.S.

amfAR | THE ANDELSON OFFICE OF PUBLIC POLICY

T: +1 202.331.8600 · www.amfar.org