

ENDING HIV: ZERO OUT THE EPIDEMIC NOT THE BUDGET



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MAKING AIDS HISTORY

The U.S. has made remarkable progress against HIV. For example, annual new infections decreased by 12% between 2017 and 2021. In addition, the availability of innovative prevention strategies such as pre-exposure prophylaxis (PrEP) have helped prevent new HIV cases in those most at risk.

But such progress is in significant danger.

In its proposed FY24 appropriations bill, the House of Representatives reduced HIV spending by over half a billion dollars. Though this is not the final budget, we must take action to ensure that funding is protected for critical programs.

The House bill eliminated budget for:



Ending the HIV Epidemic in the U.S. (EHE), a plan to end the epidemic in the United States by 2030



Title X Service Grants, a federal grant program to provide family planning and preventative health services



The Teen Pregnancy Prevention Program, a national, evidence-based grant program to prevent teenage pregnancy and STIs in the United States

In addition, funding was significantly reduced for critical programs:



-\$226 million for the Centers for Disease Control's National Center for HIV, Hepatitis, Sexually Transmitted Diseases and Tuberculosis (part of an 18% overall cut to CDC)



-\$3.8 billion for the National Institutes of Health, including **-\$1.5 billion** for the National Institute for Allergy and Infectious Diseases (part of a 12% overall cut to NIH)



-\$238 million for The Ryan White program, a program which makes HIV treatment and support services accessible for low income and uninsured people living with HIV.



-\$32 million for the Minority HIV/AIDS Funds, an intervention aimed to reduce the disproportionate impact of HIV/AIDS along racial and ethnic lines.



WHY EHE MATTERS

In 2019, the Trump Administration launched [EHE](#). The program, which was continued by the Biden Administration, uses targeted funding to:

- Support 57 priority jurisdictions that comprise >50% of new HIV diagnosis nationally
- Reduce new HIV infections by 75% in 2025 and by 90% in 2030
- Advance healthy equity through accessible prevention and treatment services

In the years since it was launched, EHE has made significant progress:



Supporting NIH and CDC research, leading to more effective treatment and [prevention methods](#), and making progress toward an [HIV vaccine](#), and cure



Enabling public health officials to provide testing, prevention, treatment, and surveillance in [areas most impacted](#) by the epidemic

In 2021, the [EHE funding](#) was used:



To conduct approximately **250,000** HIV tests



Identify **>3,000** people with HIV



Distribute **100,000** free HIV self-test kits to populations disproportionately affected by HIV



Provide PrEP management services to **>52,000** patients



Operate **108** syringe services programs for community-based prevention of HIV

The EHE program is the first serious bipartisan response to the domestic HIV epidemic, but it has been underfunded since its launch. It must be fully resourced in order to achieve its goal of ending the HIV epidemic in the U.S. by 2030.



These spending cuts have real, human impact. Defunding EHE and other programs would result in:

Fewer people knowing their status

- Early diagnosis and treatment of HIV is important for preserving one's health and has been proven as an effective method of [preventing new infections](#)
- Currently, [13%](#) of people living with HIV in the U.S. do not know their HIV status. Cuts in funding threaten the availability of HIV testing which could leave many without an option for an affordable way to learn their status
- The bill seeks to fully defund federal grants to Title X clinics, which diagnose about [10%](#) of new HIV infections each year, and reduce funding for targeted testing services

Affordable, accessible HIV testing is vital to preventing new HIV infections. Diagnosis is the essential first step to ensuring that anyone who is HIV-positive can be connected to treatment, and live a long, healthy life.

Lower treatment coverage

50% of people living with HIV in the U.S. receive support through the Ryan White Program. The proposed funding cuts put the lives and wellbeing of the half a million people living with HIV in the U.S. who receive support through the Ryan White Program at risk.

Lower viral suppression

Support for Ryan White helps combat key barriers to treatment adherence and viral suppression for for uninsured and low income Americans. Only 28% of people living with HIV who are uninsured have sustained viral suppression, while approximately 90% of those with support through the [Ryan White Program](#) are virally suppressed.

When someone is virally suppressed they can live a long and healthy life and have virtually no risk of transmitting the virus to others.

A surge of new infections

Evidence shows that pulling away from HIV prevention, testing, and treatment services leads to higher infection rates and long term costs. Each new HIV infection comes with an estimated medical cost of [\\$338,400](#)

An appropriate level of investment in effective prevention programming is not only the right thing to do, it is the cost-efficient thing to do.



THERE IS NO SAFETY NET

Philanthropy has long played a critical role in complementing government initiatives and filling in gaps. For example, in EHE jurisdictions, private resources support efforts not funded through the federal program, such as advocacy. However, [philanthropy is just a fraction](#) of the overall U.S. response to HIV, and cannot replace the magnitude or reach of federal funding:

- < 1/4 of HIV-related philanthropy disbursed in the U.S. reaches organizations based in the 57 EHE jurisdictions
- 74% of funding goes only to the top 10 jurisdictions
- The remaining 47 localities receive 2% or less of philanthropic funding

One EHE jurisdiction as a warning sign

Instability in Shelby County, TN demonstrates the risk to HIV service provision when federal funding is at risk.

In 2020:



6,283 people in the county were living with HIV, more than 2X the rate of the U.S.



The county was home to > 30% of new diagnoses in the state.



HIV-related philanthropy disbursed ~\$1 million to organizations based in Tennessee; just \$474,000 went to Shelby County.

In 2023:



Tennessee state leadership rejected approximately \$8.8 million in federal money for HIV services.



After receiving emergency funds from the CDC, the state restored HIV funding, but cut resources for HIV priority populations — men who have sex with men, transgender women, sex workers, and people who use drugs.



This period left TN HIV/AIDS service organizations — some of which had previously been 90% federally funded — needing to fill enormous budgetary voids; some closed their brick-and-mortar operations.

There is still a path to ending the HIV epidemic by 2030.

Federal funding for the EHE, CDC, NIH, Ryan White Program, and Minority HIV/AIDS Fund have created a clear path towards ending the HIV epidemic. Through political will and continued funding for targeted HIV interventions, we can still reach this goal.

Governments and multilateral donors must continue to fund HIV programs. These programs support the health and wellbeing of individuals and communities, reduce the risk of new HIV infections among communities who are disproportionately impacted, and can get us back on track to ending the epidemic by 2030.

bit.ly/ZeroOutTheEpidemic