

HIV prevention will be tougher without CDC's directly-funded CBOs: missed diagnoses, unnecessary HIV infections, and hefty treatment costs.

The Centers for Disease Control and Prevention (CDC) is proposing to discontinue PS21-2102 grants supporting community-based organizations engaged in HIV testing and prevention activities. This analysis models the loss of these 96 CBO contributions funded under these grants.

CDC-FUNDED HIV TESTING · JANUARY–DECEMBER 2024

CBOs only conducted about 1 in 30 HIV tests, but have a higher rate of return.

FIGURE 1 Share of CDC-funded HIV tests by setting — 1,448,240 tests, 2024

Healthcare settings — 1,400,018 tests
96.7% of CDC-funded tests

96 CBOs — 48,222 tests **3.3%**

Source: CDC, Annual HIV Testing Report, 2024; amfAR analysis of CDC-funded testing data

DIAGNOSTIC YIELD, CBOs VS. HEALTHCARE SETTINGS

5x

Yet the 96 CDC-funded CBOs were five times more likely to find newly diagnosed positives than healthcare settings. Despite 3.3% of tests, CBOs found 15% of new HIV diagnoses.

POSITIVITY AND NEW DIAGNOSES, 2024

1.40%

96 CBOs, positivity rate
48,222 tests

0.27%

Healthcare settings,
positivity rate
1,400,018 tests

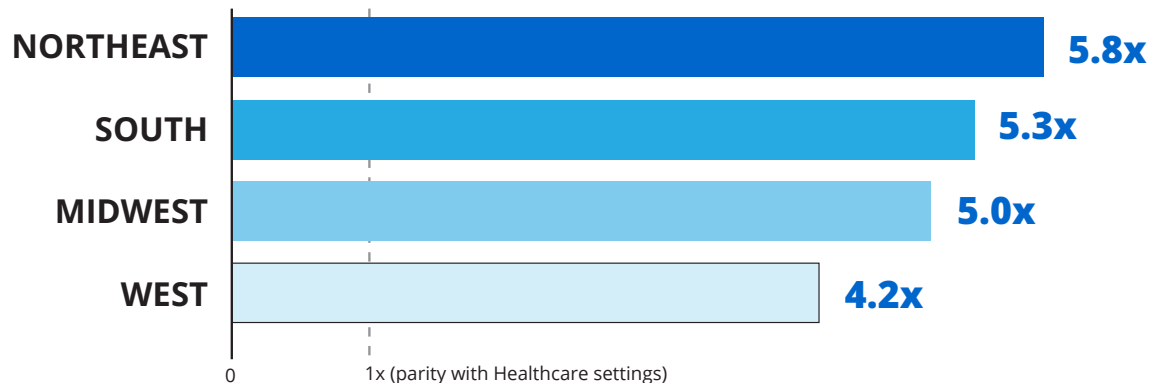
667

New diagnoses, 96 CBOs
newly diagnosed positives

3,843

New diagnoses,
healthcare settings
newly diagnosed positives

FIGURE 2 Despite fewer tests, CBOs were more likely to find new HIV diagnoses in each region in 2024

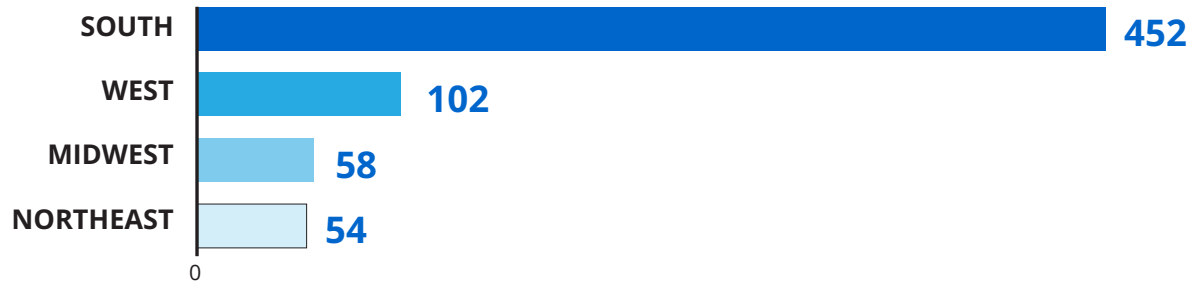


Regional totals sum to 667 rather than the 684 national estimate because of rounding and tests missing location data; data from Mississippi are excluded due to incomplete submission to CDC. Source: amfAR analysis of CDC-funded testing data, 2024

What is the impact if CBO HIV prevention funding is lost?

Without PS21-2102 funding, the United States would have missed 684 new HIV diagnoses in 2024. Missed diagnoses do not disappear: They become onward transmissions, later-stage disease, and lifetime treatment costs.

FIGURE 3 Diagnoses at risk if PS1-2102 ends — estimated missed diagnoses by region, 2024



Regional totals sum to 667 rather than the 684 national estimate because of rounding and tests missing location data; data from Mississippi are excluded due to incomplete submission to CDC. Source: amfAR analysis of CDC-funded testing data, 2024

ONE YEAR WITHOUT PS21-2102

684

Missed diagnoses
2024, 96 CBOs

328

Avoidable infections
over 10 years

71

Advance to AIDS
undiagnosed too long

\$180.3M

Avoidable medical costs
\$180,320,265

10 YEARS WITHOUT PS21-2102

If the program stays cut, those diagnoses continue to be missed **year after year.**

6,840

Missed diagnoses

1,993

Avoidable infections

432

Advance to AIDS

AVOIDABLE MEDICAL COSTS OVER 10 YEARS

\$1.09B

In avoidable medical costs, in 2026 dollars, if PS21-2102 remains unfunded for 10 years, as opposed to \$480 million for CBOs to successfully prevent HIV infections.

SUMMARY

Losing CDC's PS21-2102 program will result in fewer HIV diagnoses, unnecessary infections and major medical costs.

The minor investment in the PS21-2102 HIV prevention grants far outweighs the health and medical costs of terminating the program.

The end of the program also means the loss of jobs and of prevention expertise built over decades in the hardest-hit communities.

CDC funding for community-based HIV prevention activities is vital to ending the U.S. HIV epidemic.