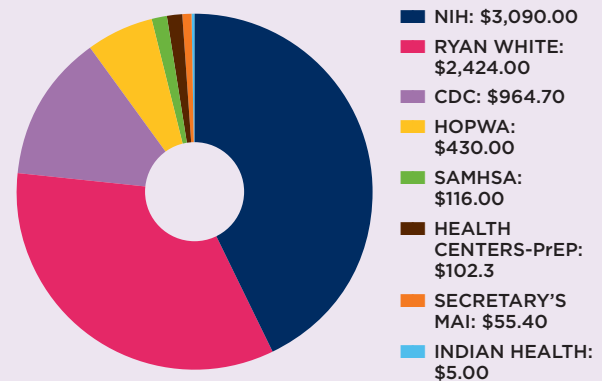


QUICK TAKE

FEDERAL DISCRETIONARY HIV FUNDING IS ESSENTIAL

HIV REMAINS A SERIOUS PUBLIC HEALTH THREAT IN THE UNITED STATES. An estimated 1.2 million people are living with HIV, with roughly 38,000 new diagnoses each year. In 2021, the federal government will spend approximately \$29 billion in responding to the domestic HIV epidemic, two-thirds of which come from mandatory programs such as Medicaid, Medicare and Social Security. Unlike these mandatory programs that serve broader populations and grow as need increases, HIV discretionary programs are specifically tailored to preventing HIV and meeting the needs of people with HIV. They are also dependent on annual appropriations from Congress and their funding levels are not guaranteed to meet increasing or changing needs. Over the past decade, new HIV transmissions have declined, viral suppression and other health outcomes have improved, and investments in HIV research are producing more and better prevention and treatment options—evidence that these investments are paying off. Federal discretionary funding, however, has never been sufficient to meet the needs of all communities heavily impacted by HIV. More people are living with HIV and in need of services than ever before; additionally, economic insecurity, discrimination, and social and structural factors continue to create conditions that facilitate HIV transmission.

FEDERAL HIV/AIDS DOMESTIC DISCRETIONARY FUNDING, FY 2021
(US\$ MILLIONS)

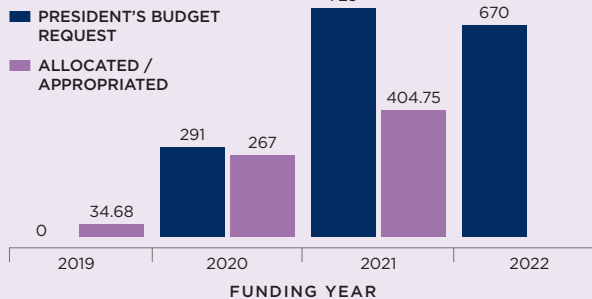


TOTAL DISCRETIONARY: \$7.2 BILLION

DISCRETIONARY PROGRAMS SUPPORT ESSENTIAL PARTS OF THE HIV RESPONSE

SELECTED PROGRAMS	CORE FUNCTIONS	CRITICAL IMPACT
HIV Prevention at the Centers for Disease Control and Prevention (CDC)	Funds state and local health departments and community-based organizations; monitors trends to guide public health action; conducts epidemiologic, behavioral, and biomedical research; trains the public health workforce; and develops public health communications.	From 2007-2016, an estimated 350,000 cases of HIV were prevented, saving more than \$16 billion per year in direct medical costs.
Ryan White HIV/AIDS Program at the Health Resources and Services Administration (HRSA)	Funds cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV.	88% of people with HIV receiving Ryan White services were virally suppressed in 2019, on par with other high-income countries, whereas viral suppression for the U.S. as a whole is far lower (56% in 2018).
HIV Research at the National Institutes of Health (NIH) (includes all domestic and global HIV research)	Supports basic and applied research through its intramural program and through its national network of university-based researchers through the Centers for AIDS Research (CFARs).	Primary funder of HIV treatment and prevention research, including randomized trials to prove effectiveness of PrEP and validate U=U ("Undetectable=Untransmittable"). Also supports essential research on HIV vaccines.
HIV Prevention and Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA)	Provides grants to states and community-based organizations to support HIV prevention and care services for people with mental health needs and/or in need of substance use disorder services.	Communities heavily impacted by HIV are significantly burdened by substance use disorders and mental health needs. SAMHSA's Minority AIDS Initiative tested roughly 40,000 people for HIV in 2018, nearly half of whom were first-time testers, and diagnosed 261 people.
Housing and Urban Development (HUD)—HOPWA HIV Housing	Provides housing assistance to low-income people with HIV, which can include rental assistance, operating cost for housing facilities, short-term rent, mortgage and utility payments, permanent housing placement, and other supportive services.	Prevents homelessness and sustains housing stability for roughly 55,000 households of people living with HIV each year.

ENDING THE HIV EPIDEMIC INITIATIVE REQUEST VERSUS APPROPRIATED (US\$ MILLIONS)



SOURCE: Kaiser Family Foundation Ending the HIV Epidemic (EHE) Funding Tracker, 2021; Summary of the President's FY2022 Discretionary Funding Request. Note: FY 2019 funding was re-allocated funds to launch the Initiative, but not appropriated for this purpose.

INCREASED FUNDING IS CRITICAL

In 2019, the Trump Administration launched an ambitious plan to end the HIV epidemic in the U.S. by 2030, striving to reduce the annual number of new HIV transmissions by 90% over the next decade. The Ending the HIV Epidemic (EHE) Initiative provided the first substantial increase in discretionary HIV funding in decades, as well as new funding for Community Health Centers to support PrEP access. While projected funding needs through 2030 have not been publicly released, success was predicated on substantial increases in discretionary funding year after year. The EHE was funded at \$35 million in FY 2019 with reprogrammed resources. Congress provided \$267 million to support EHE in FY 2020 and increased that to \$405 million in FY 2021. Nonetheless, Congressional appropriations already have fallen far behind Trump Administration requests. Indeed, according to a Kaiser Family Foundation analysis, after accounting for new EHE funds and adjusting for inflation (using CPI-U to adjust for 2011 dollars), in FY 2021, HIV research funding at NIH is down 21% compared to FY 2011 and the Ryan White Program is down 11%. CDC HIV prevention funding was down 12% in FY 2018 compared to FY 2011, but with new funding through EHE, funding increased 3% in FY 2021 compared to FY 2011, using 2011 dollars. Similarly, compared to FY 2011, HOPWA funding was down 6% in FY 2016, but holding 2011 dollars constant, is up 10% in FY 2021, as Congress appropriated additional funding to offset losses that would have occurred due to formula modernization. Notably, prevention and HOPWA funding are parts of the HIV budget that, historically, have been most underfunded relative to need. Moreover, dynamics associated with the COVID-19 crisis likely further set back progress. In April 2021, the Biden Administration announced that it would request \$670 million to support the EHE Initiative in FY 2022—a promising step, yet one that still may

be insufficient to meet the EHE 2030 goal. Nonetheless, any such funds still would need to be appropriated by Congress.

FIGHTING HIV REQUIRES A HOLISTIC RESPONSE, AND THE NEED FOR SERVICES IS GROWING

Current HIV programs are not able to serve all of those in need. Roughly one in four people with HIV have been diagnosed but are not in care, and fewer than one in five people with an indication for PrEP are receiving it. People living with and at risk for HIV utilize a range of programs, including health care and prevention services, housing, employment supports, and other social services, and also count on supportive laws, policies, and civil rights enforcement as part of a comprehensive federal HIV response.

Looking ahead, more people will be living with HIV and in need of services; the need for prevention services also will grow. Increased funding will be needed to support the Minority AIDS Initiative (MAI) and other programs to reduce health inequities across many populations and to tackle unmet challenges such as responding more effectively to the complex needs of people aging with HIV, as it is projected that by 2030 up to 70% of people with HIV in the U.S. will be over 50. Recent research projected that male and female groups in need of HIV prevention services will grow 19% and 15% by 2060, respectively, with the fastest growth among Black and Latinx communities (P Sullivan et al, *Epidemiology of HIV in the USA*, *Lancet* 2021).

The story of fighting HIV is a long and complex one, but it is ultimately encouraging. Yet cautionary tales abound. In the late 1990s, the CDC released a detailed plan to eliminate sustained syphilis transmission in the U.S. Unfortunately, Congress cut the funding before the goal was achieved. Following this cut, from 2000-2019, the number of primary and secondary cases of syphilis increased more than 6-fold. The COVID-19 crisis also underscores the nation's vulnerability to infectious diseases due to persistent disinvestment in public health. As the U.S. achieves reductions in HIV transmission, it must maintain its commitment to funding a mix of prevention, care, research, and social support services to sustain our successes.

TO LEARN MORE

See Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: Trends Over Time*. March 2019. <https://www.kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hiv-aids-trends-over-time/>.

Congressional Justifications (CJs) are publicly available documents for Executive Branch agencies that provide details of requested and past funding, and also provide information about the policy priorities of the respective agencies. Typically, they are available online through searching "agency name" congressional justification. The most recent CJ for CDC, for example, can be found here: <https://www.cdc.gov/budget/fy2021/congressional-justification.html>.