

QUICK TAKE

LEVERAGING SUCCESS TO END THE HIV EPIDEMIC

IN THIS PRESIDENTIAL AND CONGRESSIONAL ELECTION YEAR, we need to reflect on our achievements and what is needed to keep making progress against HIV. Our successes have been built on continued investments from the American people and bipartisan Congresses through Federal discretionary and entitlement programs. Many of our challenges are due to insufficient funding and persistent unmet need.

In 2024, we need increased commitments from policymakers for the coming year and beyond and we need to be imaginative and innovative by proposing new ways to strengthen our communities. Ending the HIV epidemic means all people with HIV will be well-supported to lead high quality lives and we are highly successful at preventing new HIV transmissions. People with HIV need continued health care and other services and each successive generation produces more people in need of sexual health education and effective prevention services.

ACKNOWLEDGING OUR SUCCESSES

Where things stand today is remarkable when considering the early years of the HIV crisis when, with limited prevention tools and without effective treatment, every year brought more cases and rising rates of AIDS deaths. Today, we see:

- **High rates of HIV diagnosis:** An estimated 87% of people with HIV have been diagnosed, which is a critical first step toward engaging in care.
- **Reduced new transmissions:** There were an estimated 32,100 new HIV cases in 2021, a 24% decline since 2010.
- **Increased life expectancy and fewer deaths:** Life expectancy for people with HIV has consistently risen. According to a 2020 analysis, the life expectancy gap for people with HIV at age 21 who initiated HIV treatment at a high CD4 counts vs. people at 21 without HIV fell to 6.8 years during 2011-2016, compared to more than a 20 year gap in earlier decades (JL Marcus, JAMA Network Open, 2020). From 2010 to 2018, deaths among people with HIV declined by 37%.

PROGRAMS AND COMMUNITY INVESTMENTS THAT MATTER

Through a mix of laws and policies, cutting edge research, and a patchwork of complementary programs, we have achieved impressive results:

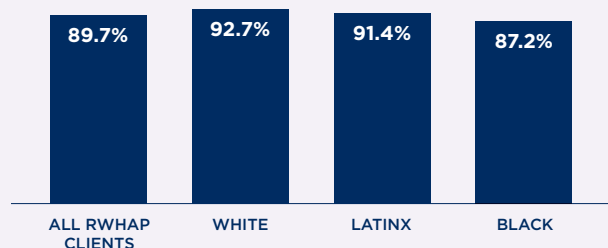
- **Ending the HIV Epidemic (EHE) Initiative:** Launched in 2019, EHE has brought new resources and a shared strategy for a cross-agency effort to deploy scientific advances in prevention, diagnosis, and treatment to reduce new HIV infections in the U.S. by at least 90% by 2030, for an estimated 250,000 total HIV infections averted over the 10-year initiative.
- **Ryan White HIV/AIDS Program (RWHAP):** The RWHAP remains the shining cornerstone of the HIV response serving roughly half (54%) of all people with HIV, the majority of

whom have Medicaid, Medicare, or private insurance and rely on the RWHAP to make insurance coverage affordable and to supplement limitations in insurance coverage. The program also provides the training and expertise necessary to improve the quality of HIV care across the health system.

- **Affordable Care Act, Medicaid Expansion, and Medicare Prescription Drug Coverage:** While individual market insurance coverage once largely excluded people with HIV, it is now broadly accessible. In 2020, 89% of people with HIV had insurance coverage, roughly comparable to the rate of coverage for the general population: roughly 43% have Medicaid, 28% have Medicare, and 40% have private insurance (KFF, May 2023). Further, other policies ensure that coverage remains meaningful, such as the “6 protected classes” policy that ensures all HIV medications are covered by Medicare Part D, and policies that provide for zero cost sharing for HIV testing and the full pre-exposure prophylaxis (PrEP) regimen. Other critical programs extend the reach of HIV prevention and treatment through the Substance Abuse

RWHAP CLIENTS HAVE HIGH VIRAL SUPPRESSION, REDUCED RACIAL DISPARITIES

VIRAL SUPPRESSION AMONG RWHAP CLIENTS, 2021



RWHAP viral suppression rates are much higher than the 66.0% viral suppression rate for all people with diagnosed HIV in the US in 2021.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. *HIV Surveillance Supplemental Report 2023;28(4)*.and Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Data Report 2022*. <https://ryanwhite.hrsa.gov/data/reports>. Published December 2023. **Notes:** RWHAP clients are those clients receiving HIV medical care through the program. Among RWHAP clients, viral suppression rates for others groups are as follows: Asian 95.9%; Multiple Races 88.5%; Native Hawaiian/Pacific Islander 87.8%; American Indian/Alaska Native 87.7%

and Mental Health Services Administration (SAMHSA) and the Indian Health Service (IHS).

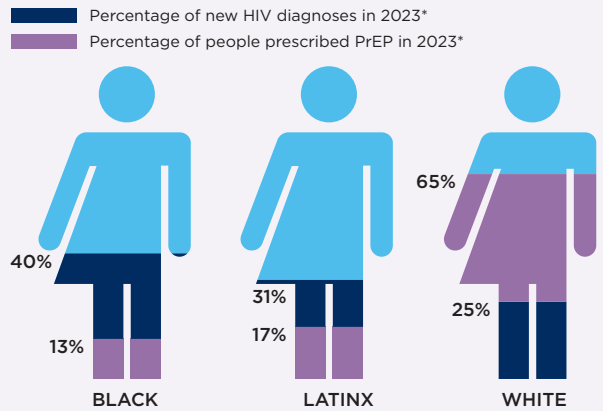
- **Housing Opportunities for People with AIDS (HOPWA) Program:** HOPWA provides stable housing that enables people to remain engaged in care. Yet, limited funding means that the program reaches only 55,000 people out of an estimated 140,000 households with HIV with housing needs (National AIDS Housing Coalition, March 2024).
- **Evidence-Based Prevention:** Through funding by the Centers for Disease Control and Prevention (CDC), our prevention efforts have evolved from only offering condoms and risk reduction messaging to a multi-faceted package of evidence-based interventions that work together to prevent HIV and strengthen communities.
- **Transformative Research at the National Institutes of Health (NIH):** Sustained investments in HIV research have led (with the help of the private sector) to the development of more than 30 antiretroviral agents, have proven the effectiveness of PrEP, and continue to yield breakthrough research advancements including vaccine and cure research.
- **HIV Advocacy and Community-Based Organization (CBO) Services:** A cornerstone of the HIV response has been elevating the voices and meaningful engagement of people with HIV. While ensuring that all parts of the diverse HIV community are actively engaged remains a work in progress, the contributions of people with HIV and affected community members in advocacy and services delivery should not be understated.

CHALLENGES AND URGENT NEEDS

Countering HIV is hard. Despite our significant successes, persistent challenges threaten our progress and call for renewed commitments to tackle them:

- **Insufficient resources and unmet need:** The RWHAP has been relatively flat funded for more than the past decade. New efforts are needed to engage people with diagnosed HIV that are not receiving regular HIV care. Despite the huge success of the ACA Medicaid expansion, the ten states that have not expanded Medicaid are largely southern states with a heavy HIV burden. The prior Administration launched the Ending the HIV Epidemic (EHE) Initiative that set a goal of ending HIV by 2030, yet funding has never reached the level the Administration’s modeling said was needed. More resources are needed for HIV prevention at CDC and to expand HOPWA and address mental health and substance use disorders (SUD).
- **Inequities in access to services and large disparities in outcomes:** Federal funding has helped to ameliorate disparities in access to services, but it has not eliminated them. For example, inequitable access to PrEP limits its public health impact. In 2022, 94% of white people who could benefit from PrEP were using it, compared to 24% of Latinx and 13% of Black people, highlighting the need for tailored efforts to focus on Black and Latinx populations, rural areas, and communities in the southern U.S.
- **Growing populations in need of prevention services:** Diagnosing more people with HIV means that there will be

INEQUITABLE PrEP USE UNDERCUTS ITS PUBLIC HEALTH IMPACT



*Data are preliminary. The data on PrEP prescriptions by race and ethnicity are limited, and findings are estimated.

Source: NCHHSTP AtlasPlus, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/nchhstp/atlas/index.htm> (last visited March 7, 2024).

more people living with HIV and with population growth there will be more people in need of PrEP and other services as the population grows.

- **Aging of the HIV population exposes different types of needs:** By 2030, more than 70% of people with HIV will be over 50, yet our current HIV and separate aging systems do not fully meet the unique needs of many people. New efforts are needed to better integrate HIV and aging services.
- **Need new bipartisan congressional champions:** Domestically and globally, the HIV response has been sustained by bipartisan support. This included enactment and reauthorization of the RWHAP and PEPFAR, which have saved millions of lives. We need the next generation of HIV leaders in Congress who will take the time to learn the complexities of our diverse community needs and champion our issues.

ENDING THE HIV EPIDEMIC and maintaining the systems of HIV care benefits all Americans. We have come so far since the early days of the HIV response and we must maintain and build upon the progress that is enabling people with HIV to lead long and healthy lives in the U.S. and around the world.

TO LEARN MORE

For additional background information see:

KFF. Various briefs, including *What Do We Know About People with HIV Who Are Not Engaged In Regular HIV Care?*, available at <https://www.kff.org/hiv/aids/>.

AIDS United. See 2024 Policy Briefs for AIDSWatch 2024, available at <https://aidsunited.org/aidswatch/>