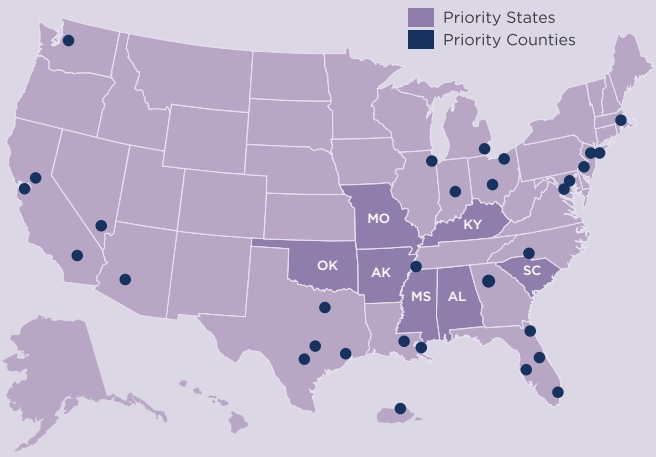
Reinvigorating the Ending the HIV Epidemic (EHE) Initiative

The EHE Framework Invests in Essential Tools for Fighting an Epidemic

In 2019, during his first Administration, **President Trump launched the Ending the HIV Epidemic (EHE) Initiative** with the bold goal of reducing the number of new HIV infections in the United States by 75 percent by 2025, and then by at least 90 percent by 2030, for an estimated 250,000 total HIV infections averted. In 2016, just prior to President Trump first taking office, there were 38,500 new infections (CDC, HIV Incidence: Estimated Annual Infections in the U.S., 2014-2018). Thanks in part to the EHE, by 2022 this had fallen by 19% to 31,800 new infections (CDC, Estimated HIV incidence and prevalence in the United States, 2018-2022. HIV Surveillance Supplemental Report, 2024). EHE led to new resources and significant innovation. Although we have observed declining new infections (notably among women) and improvements in viral suppression, we remain far off the EHE goals. While Congress increased funding for EHE during both the Trump and Biden Administrations, it never funded EHE at the levels requested by either administration. Success of the EHE will lead to more people with HIV in care and population trends mean that growing numbers of younger adults and others will need effective prevention services. Investments in EHE, however, will enable us to forego even greater national investments in treatment and services for ever larger numbers of people. **In 2022, there were 6,700 fewer new cases of HIV than in 2016. Averting just that number of cases in one year saved the health system $2.8 billion in lifetime treatment costs** (Based on a 2021 analysis that updated the lifetime cost of treating a single person with HIV to be just over $420,000, A. Bingham, et al, STD, 2021). Additional reductions in new HIV cases have the potential to dramatically reduce long-term HIV financing costs.

INITIAL EHE JURISDICTIONS

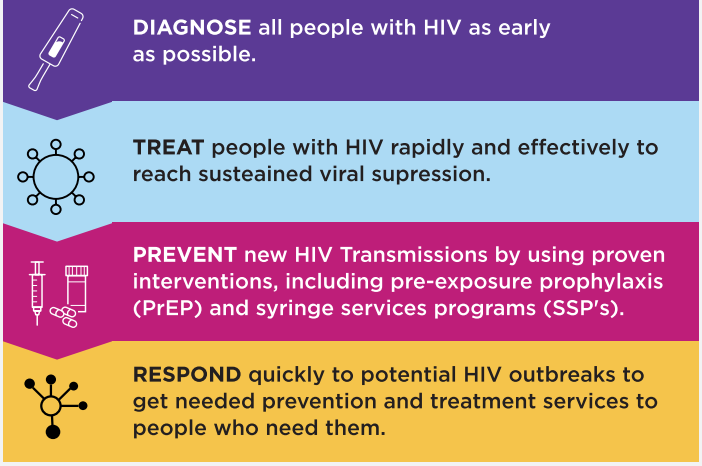


Source: EHE Priority Jurisdictions, https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one.

Today, we need the bold goal of the EHE to be reinvigorated to keep driving progress. While prior efforts sought to direct federal investments to where they were needed most, the EHE greatly expanded this approach by initially focusing very intently on 57 priority jurisdictions. This included 48 counties (out of more than 3,000 in the U.S.) along with Washington, DC, and San Juan, Puerto Rico. Together, these jurisdictions accounted for more than half of all HIV diagnoses in the U.S. The EHE also included seven rural states that are disproportionately impacted by HIV: Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina to strengthen their capacity to respond to HIV. The mantra at the time was to focus on the **right people, right places, and right interventions** to have the greatest impact. While it is appropriate that a new administration reviews the actions and priorities that came before it, we need the Trump Administration and Congress to recommit themselves to the EHE and build on the momentum started by the first Trump Administration. This review should identify a plan for expanding the EHE to more high burden jurisdictions and for addressing new challenges. Critical components of the EHE framework include:

DATA AND EVIDENCE-BASED RESOURCE ALLOCATION

The four pillars of the EHE are to diagnose, treat, prevent, and respond. All of these require accurate and granular data to make informed decisions about what interventions are needed and where and how to best stretch scarce federal resources. As HIV is increasingly a chronic condition and people with HIV have high rates of cardiovascular disease, diabetes and other chronic conditions, the EHE framework of integrating diagnosis, prevention, and treatment is consistent with the Making America Healthy Again agenda of prioritizing chronic disease prevention and treatment. Since the HIV epidemic is highly concentrated in the aforementioned geographic areas and in specific populations (including gay and bisexual men who, along with transgender women, make up about 3% of the population, yet account for roughly two in three new HIV diagnoses and Black women who



account for more than half of all diagnoses among women), it is critical to have the information needed to deploy these resources for greatest impact. A critical facet of the EHE was monitoring and accountability. This led to the creation of the **America's HIV Epidemic Analysis Dashboard (AHEAD)** to provide policymakers and community members actionable information to achieve improved outcomes. The AHEAD dashboard and similar tools are critical for achieving accountability for results.

RESEARCH

America leads the world in its investment in biomedical research and this is delivering incredible health advances for the American people and is driving economic growth. HIV research at the National Institutes of Health (NIH) and elsewhere has been at the forefront and has produced advances that spurred progress not only in HIV, but in numerous other areas. Experimental treatments for several types of cancers have grown directly out of new knowledge generated by HIV research. The science and innovation behind new highly-sensitive PCR tests developed for diagnosing HIV are now routinely used for diagnosing other infectious diseases and are used to monitor previously undetectable levels of cancers cells in persons considered cured. Our long-term commitment to HIV vaccine research also has driven advances across medicine. For example, this contributed to the rapid development of an Ebola vaccine that was deployed in response to the 2013-2016 West African Ebola outbreak that caused more than 11,000 deaths and could have expanded beyond West Africa to create an even larger international health and economic crisis. HIV research investments create jobs, support local economies, and have led to the development of a growing array of safe and effective HIV treatments and prevention tools. One of the most exciting recent advances in HIV research is the development of longer-acting products for HIV treatment and prevention. For people who find adherence to a regimen of daily pill taking challenging, these new options (such as through receiving injections just a few times a year) create new ways to achieve higher levels of viral suppression in people with HIV and to more effectively prevent new HIV cases.

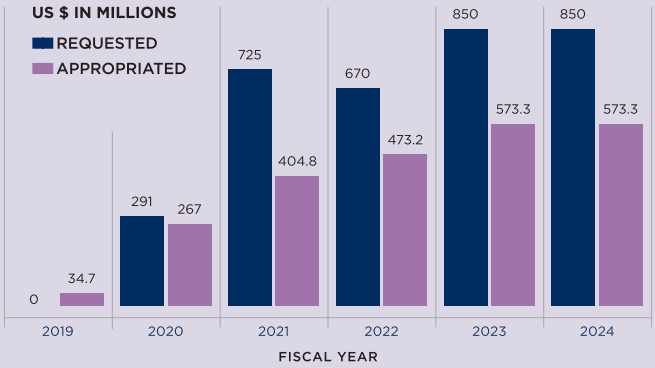
PREVENTION AND INFECTION CONTROL

One of the critical aspects of the EHE was that it worked with jurisdictions to increase their capacity to use surveillance and other data to strengthen their focus on the populations and places where most infections are occurring and to set priorities for expanding specific prevention interventions that include access to testing, condoms, PrEP, syringe services programs (SSPs) and other critical prevention services. While progress has been achieved, uptake and use of PrEP is far below the levels needed to have the maximum prevention impact, highlighting the need for continued work within the EHE to achieve the promise of PrEP to sustain population-level reductions in HIV transmission.

QUALITY HEALTH CARE

Sustained engagement in care to achieve sustained viral suppression relies on a complimentary mix of insurance coverage (largely Medicaid and Medicare, but also including private coverage) supplemented by the Ryan White HIV/AIDS Program (RWHAP) that assists with cost-sharing to ensure that there are no interruptions in care, fills in gaps in coverage, covers persons without insurance, and ensures that the clinical expertise exists to deliver HIV care throughout the nation. In 2021, CDC estimated that only 66% of all people with diagnosed HIV in the U.S. were virally suppressed, yet RWHAP data showed that viral suppression among RWHAP clients was 90%. Given the remarkable success of the RWHAP for persons receiving its services, an expanded goal for the next phase of the EHE could be to focus new resources on the one in five people with diagnosed HIV who are not in regular HIV care.

EHE FUNDING: REQUESTED V. APPROPRIATED, FY19 - FY24



Sources: HIV.gov, Ending the HIV Epidemic Funding, https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/funding and KFF Ending the HIV Epidemic (EHE) Funding Tracker, 2021. Note: FY 2019 funding was re-allocated funds to launch the Initiative, but not appropriated for this purpose.

THE TIME IS NOW

When President Trump announced the EHE Initiative during his 2019 State of the Union address, it reflected a bold vision for the future. Today, renewed efforts are needed to dramatically scale up access to PrEP, get more people diagnosed with HIV into regular care, adapt our health care programs to meeting the unique needs of people aging with HIV, and ensure that the exciting new prevention and treatment options are widely accessible. **We need President Trump to offer and Congress to support an updated vision for EHE to help us meet these challenges**.

TO LEARN MORE

For additional background information, see:

To learn more about President Trump's Ending the HIV Epidemic (EHE) Initiative, see https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

To learn more about EHE funding and where and how it is being utilized, see KFF, Ending the HIV epidemic (EHE) Funding Tracker, https://ahead.hiv.gov/?indicator=282&measure=rate&location=1&location=4&location=25&location=37

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