

# Sustaining and Improving HIV Prevention in the United States

## CDC's High-Impact HIV Prevention and the Ending the HIV Epidemic (EHE) Initiative Provide the Path Forward

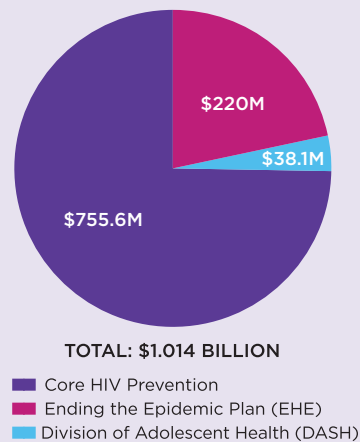
Our national effort to prevent HIV and control the epidemic is complex and requires sustained and coordinated efforts with key functions and services provided by the Centers for Disease Control and Prevention (CDC), other federal agencies, state and local health departments, and a network of community-based organizations and federally-funded health centers. CDC's approach to **High-Impact HIV Prevention** is the unifying strategy that coordinates the actions of various levels of government and non-governmental partners and ensures accountability. President Trump launched the **Ending the HIV Epidemic (EHE) Initiative** in 2019 which brought increased funding for HIV prevention and care to enable the CDC and other federal partners to work with heavily impacted jurisdictions to build their capacity to deliver HIV treatment and High-Impact HIV Prevention. Together, the EHE and High-Impact Prevention are producing results. **In 2022, there were 6,700 fewer new cases of HIV than in 2017, the first year that President Trump was in office. Averting just that number of cases in one year alone saved the health system \$2.8 billion in lifetime HIV treatment costs** (Based on a 2021 analysis that updated the lifetime cost of treating a single person with HIV at just over more than \$420,000, A. Bingham, et al, STD, 2021). A different study found that annual and cumulative health care costs for individuals with HIV were seven times higher than for those who did not have HIV and found that avoiding one new infection can result in saving \$850,557 in lifetime treatment costs when total health care treatment costs (including non-HIV health care) are considered (JP Cohen, et al, PharmacoEconomics, 2020).

**Reducing new HIV cases has the potential to reduce long-term HIV financing costs. However, reducing funding for HIV prevention and disrupting the carefully organized structure of collaboration across agencies, levels of government, and community partners could dramatically increase new HIV infections and national health care spending.**

### KEY PLAYERS IN HIV PREVENTION

**CDC:** The CDC Division of HIV Prevention (DHP) provides the foundation of a nationwide approach to preventing HIV. Working with other components of the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), DHP has expertise in HIV surveillance, laboratory services, health economics, behavioral and biomedical research, and prevention services delivery. The agency is responsible for supporting HIV testing and screening to increase awareness of HIV status, conducting disease surveillance so that we have a national picture of trends in HIV transmission, developing guidelines to assist providers in integrating prevention services into clinical practice, educating providers about best practices, educating communities about how to protect themselves and their families, monitoring outbreaks and assisting state and local officials with outbreak response, funding health departments and critical community partners to conduct surveillance and deliver effective prevention services including condoms and pre-exposure prophylaxis (PrEP, i.e. medications that prevent HIV infection); as well as holding grantees

### FY 2024 FINAL BUDGET FOR THE CDC DIVISION OF HIV PREVENTION (DHP)



Source: AIDS Budget and Appropriations Coalition, 2025.

**More Than Four in Five Dollars** received by the CDC Division of HIV Prevention are awarded to health departments and community partners across the country

**Critical Functions of DHP** include surveillance, guidelines development, testing promotion, community and provider education, and outbreak response

accountable for achieving the best results for the American people. While DHP performs all of these essential functions, most of the Division's funds (more than 4 in 5 of the dollars it receives) are awarded to health departments and community partners to ensure impact at the local level throughout the nation.

CDC's National HIV Surveillance System is particularly important. It is a robust data source based on highly sensitive data. CDC has built the trusting relationships upon which this voluntary reporting depends and, unlike other federal agencies, it is subject to legal agreements with states for the receipt and handling of these specific data.

**Moving funding from CDC to another federal agency would stop important functions unique to CDC, such as disease surveillance and outbreak detection and control, reduce the number of people tested and diagnosed with HIV, disrupt the extensive monitoring of HIV prevention programs, and result in increased HIV incidence in the country.**

**State and Local Health Departments:** While the CDC performs critical functions that are essential to maintaining a coordinated national response, the majority of funds received by DHP are passed to health departments and community partners. The single largest share (\$400 million in FY 2024) is through the flagship cooperative agreement that awards grants to 59 state and local health departments (this includes all states, territories, and a small number of directly-funded heavily impacted cities) to support surveillance activities and scientifically rigorous prevention services including testing and linkage to care. These resources enable states to tailor their prevention activities to the

populations most impacted by HIV while also maintaining the principles of High-Impact HIV Prevention to reduce the greatest number of infections.

**National Partners and Community-Based Organizations:** CDC supports a network of national partners to better inform CDC's efforts and extend its reach. This includes networks of community-based organizations (CBOs), faith organizations, provider organizations, and other entities across the country that deliver prevention services to where they can have the biggest impact.

**Other Federal Agencies:** While the CDC has the lead role and coordinating role in HIV prevention, other agencies perform their own essential functions. **The National Institutes of Health**

## CDC'S FLAGSHIP COOPERATIVE AGREEMENT WITH HEALTH DEPARTMENTS

### THESE FUNDS SUPPORT CORE HIV PREVENTION SERVICES NATIONWIDE

#### Estimated FY 2025 Awards

Alabama	\$7,280,069	Nebraska	\$1,293,827
Alaska	\$1,220,795	Nevada	\$6,207,939
Arizona	\$8,404,348	New Hampshire	\$1,248,339
Arkansas	\$4,420,661	New Jersey	\$15,826,165
Baltimore	\$6,157,392	New Mexico	\$1,449,364
California	\$32,951,904	New York City	\$41,268,294
Chicago	\$10,957,465	New York	\$10,443,082
Colorado	\$4,478,816	North Carolina	\$13,571,543
Connecticut	\$3,585,200	North Dakota	\$1,193,871
Delaware	\$1,311,014	Ohio	\$12,926,517
Dist.. of Columbia	\$7,639,302	Oklahoma	\$4,799,751
Florida	\$48,385,913	Oregon	\$2,564,025
Georgia	\$25,617,359	Pennsylvania	\$6,620,518
Hawaii	\$1,283,813	Philadelphia	\$8,076,665
Houston	\$11,589,410	Puerto Rico	\$8,225,576
Idaho	\$1,245,088	Rhode Island	\$1,308,470
Illinois	\$4,509,101	San Francisco	\$6,869,228
Indiana	\$6,515,607	South Carolina	\$8,551,631
Iowa	\$1,323,900	South Dakota	\$1,217,898
Kansas	\$1,342,625	Tennessee	\$ —
Kentucky	\$5,097,478	Texas	\$29,741,839
Los Angeles	\$19,528,771	Utah	\$1,340,882
Louisiana	\$10,786,071	Vermont	\$1,219,813
Maine	\$1,263,120	Virgin Islands	\$1,212,404
Maryland	\$11,759,271	Virginia	\$8,027,735
Massachusetts	\$9,323,067	Washington	\$7,229,928
Michigan	\$8,110,675	West Virginia	\$1,285,301
Minnesota	\$3,126,651	Wisconsin	\$2,358,617
Mississippi	\$5,694,613	Wyoming	\$1,199,328
Missouri	\$6,819,537	<b>Total</b>	<b>\$480,227,131</b>
Montana	\$1,219,546		

Source: NASTAD, March 2025. Note that these data reflect NASTAD estimates of FY 2025 awards based on a 10-month award for FY 2024 under PS-24-0047.

(NIH) conducts foundational research that demonstrates the effectiveness and utility of HIV testing and diagnostic technologies, evaluates the effectiveness and the integration of various prevention interventions (including the groundbreaking research that showed the efficacy of PrEP), and supports implementation studies to apply research findings and assess their relevance in real world settings. **The Health Resources and Services Administration (HRSA)** delivers essential health care services. HRSA's HIV/AIDS Bureau administers the Ryan White HIV/AIDS Program which provides services to people with HIV and has expertise related to treatment. Since treating people with HIV also prevents transmission, collaboration between the CDC and the HIV/AIDS Bureau ensures that we maximize the prevention potential of supporting all people with diagnosed HIV to achieve and maintain HIV viral suppression. The HRSA Health Centers Program provides a nationwide health care safety net for underserved communities. An important aspect of the EHE was to engage the Health Centers network in expanding access to PrEP, which remains a critical role for Health Centers now and into the future. **The Substance Abuse and Mental Health Services Administration (SAMHSA)** provides funding to prevent HIV among people with mental illness and people who use drugs. Its network of state and community mental health and addiction services partners is often different than CDC's HIV services providers and extends the reach of HIV prevention.

### THE TIME IS NOW

Preventing HIV is complex and requires maintaining years of effort, expertise, and infrastructure, but it works: HIV diagnoses are beginning to decline nationally. A key part of the EHE is that it recognized the potential for improved prevention by scaling up critical services and ensured that new resources were provided in places with less prevention and care capacity with high rates of HIV transmission. The EHE has been successful, but its work is not complete. Therefore, we call on the Trump Administration to **recommit to prevention as a central strategy of its Ending the HIV Epidemic goal** and continue the crucial work of the CDC Division of HIV Prevention working with collaborating agencies across the federal government and with its essential network of state and local partners.

### TO LEARN MORE

#### For additional background information, see:

Read our brief, *Reinvigorating the Ending the HIV Epidemic (EHE) Initiative* at the link below.

To learn more about the CDC's approach to High-Impact Prevention, see <https://www.cdc.gov/high-impact-prevention/php/index.html>.

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



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