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.

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

- NIH: $3,090.00
- RYAN WHITE: $2,424.00
- CDC: $964.70
- HOPWA: $430.00
- SAMHSA: $116.00
- HEALTH CENTERS-PrEP: $102.3
- SECRETARY’S MAI: $55.40
- INDIAN HEALTH: $5.00

TOTAL DISCRETIONARY: $7.2 BILLION

DISCRETIONARY PROGRAMS SUPPORT ESSENTIAL PARTS OF THE HIV RESPONSE

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<th>SELECTED PROGRAMS</th>
<th>CORE FUNCTIONS</th>
<th>CRITICAL IMPACT</th>
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<td>HIV Prevention at the Centers for Disease Control and Prevention (CDC)</td>
<td>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.</td>
<td>From 2007-2016, an estimated 350,000 cases of HIV were prevented, saving more than $16 billion per year in direct medical costs.</td>
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<td>Ryan White HIV/AIDS Program at the Health Resources and Services Administration (HRSA)</td>
<td>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.</td>
<td>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).</td>
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<td>HIV Research at the National Institutes of Health (NIH) (includes all domestic and global HIV research)</td>
<td>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).</td>
<td>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.</td>
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<td>HIV Prevention and Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td>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.</td>
<td>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.</td>
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<td>Housing and Urban Development (HUD)—HOPWA HIV Housing</td>
<td>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.</td>
<td>Prevents homelessness and sustains housing stability for roughly 55,000 households of people living with HIV each year.</td>
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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 inequalities 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**


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.