

INVEST IN HIV PREVENTION PROGRAMS

Exciting developments in HIV science herald new hope and demonstrate that we necessary to end the AIDS epidemic in the U.S. According to recent surveillance estimates from the CDC, while HIV incidence has become stable and even started to decline in some populations, gay, bisexual, and other men who have sex with men and transgender women continue to have significant increases in HIV incidence reported annually, especially those from Black and Latino communities.

Continuing at approximately 50,000 annual new HIV infections will result in lifetime treatment costs of approximately \$9.5 billion per year. Despite demonstrated cost-effectiveness of proven public health interventions' ability to improve population health outcomes, a challenging economy has eroded public health investments in most state and federal HIV prevention programs. HIV prevention must be viewed as a core component of our nation's deficit-reduction efforts. The U.S. must make strategic investments to scale-up core HIV prevention to reach all key populations and further demonstrate our leadership and commitment to end the AIDS epidemic.

If we prevent 240,000 new infections by 2020, the U.S. could save a total of \$40.5 billion in lifetime health care costs.

Vital and increasingly scarce public health resources must continue to support the availability of direct diagnostic and prevention services in disproportionately impacted and hard-to-reach communities at risk for HIV and other infectious diseases.

DIVISION OF HIV PREVENTION (DHAP) AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

The National Center for HIV, STD, TB and Viral Hepatitis, including DHAP, takes the lead in our national surveillance and prevention efforts which are essential in our nation's efforts to end the HIV epidemic. To effectively implement the National HIV/AIDS Strategy, we must continue to prioritize domestic HIV prevention funding, including targeted resource distribution to disproportionately affected populations in state and local jurisdictions to provide targeted outreach to populations at high risk of HIV.

DIVISION OF ADOLESCENT AND SCHOOL HEALTH (DASH) AT CDC

One-third of all new HIV infections are among young people under the age of 29, the largest share of any age group. Young men from racial and ethnic minority communities bear a disproportionate burden of the disease particularly among young black MSM (ages 13-29). DASH is a unique source of support for surveillance and for our Nation's schools, helping education agencies provide school districts and individual schools with the tools to implement high-quality, effective, and sustainable programs to reduce HIV, other STDs, and unintended pregnancies among adolescents.

DIVISION OF STD PREVENTION (DSTDP) AT CDC

This funding guides national efforts to prevent and control STDs, with most of its resources funding state, territorial, and large city health departments to implement state STD control programs. DSTDP needs additional federal resources to reverse the alarming and costly trends of STDs. In addition, gonorrhea has developed resistance to every class of antibiotics and we are now on our last line of defense to treat this disease, which has been proven to facilitate HIV transmission. Rates of syphilis are also the highest they have been since 1996, with rates increasing by double digits two years in a row.

DIVISION OF VIRAL HEPATITIS (DVH) AT CDC

The CDC estimates that as many as 5.3 million people are living with hepatitis B (HBV) and/or hepatitis C (HCV) in the United States and as many as 75 percent are not aware of their infection. A high proportion of adults at risk for HIV infection are also at risk and unvaccinated for HBV infection and about one quarter of HIV-infected persons in the U.S. are also infected with HCV. Increases at DVH will enable state and local health departments to provide the basic, core public health services to combat viral hepatitis and create national surveillance, testing and linkage to care, and education programs.

TEEN PREGNANCY PREVENTION INITIATIVE (TPPI) AT THE OFFICE OF ADOLESCENT HEALTH

TPPI provides funding for the implementation and evaluation of medically accurate and age-appropriate programs that have demonstrated, or are promising innovative programs, to reduce teen pregnancy, HIV and other STDs. This funding is essential to equip young people with information and skills they need to make informed and healthy decisions.

COMPETITIVE ABSTINENCE EDUCATION (CAE)

CAE adheres to a strict definition of “abstinence education” resulting in the prohibition of teaching young people about the benefits of condoms and contraception both for prevention of unintended pregnancy, but also HIV and other STDs. A large body of evidence has demonstrated that abstinence-only programs are ineffective, and fail to respond to the needs of young people who are already sexually active or engaged in same-sex relationships.

SYRINGE SERVICES PROGRAMS (SSPs)

Syringe Services Programs (SSPs) – SSPs are a safe and effective HIV prevention method for injection drug users to exchange used potentially infectious materials with sterile materials, significantly lowering the risk of HIV transmission and connecting people to HIV testing and medical care, including substance abuse treatment. Numerous studies have shown that syringe services programs are a cost-effective means to lower rates of HIV/AIDS and viral hepatitis, reduce the use of illegal drugs, and protect law enforcement from accidental needle sticks. Localities should be given the flexibility to use their existing federal and local funding for SSPs.

**Data reference in this document taken from Center for Disease Control and Prevention sources.*

***TO EFFECTIVELY GET A HANDLE ON THE HIV EPIDEMIC IN THIS COUNTRY,
WE MUST PRIORITIZE HIV PREVENTION PROGRAMS.***