

INVEST IN HIV PREVENTION PROGRAMS

Despite 30 years of combatting HIV in the United States, it is estimated that over 50,000 new infections occur annually, of which an overwhelming percentage are among gay, bisexual and other men who have sex with men (MSM) and among transgender women, 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 programs that support HIV prevention. 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. With such scarce resources, many states and cities are unable to scale up a growing toolbox of HIV prevention strategies, including pre-exposure prophylaxis (PrEP).

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

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: Updated to 2020, 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 in four new HIV infections are among young people between the age of 13 and 24. Young men from racial and ethnic minority communities bear a disproportionate burden of the disease, particularly among young black MSM. DASH is a unique source of support 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. Less than half of all high schools and only 20 percent of middle schools provide all of the CDC-identified sexual health topics. In addition to supporting critically needed surveillance and research efforts, increased funding to DASH would help build schools' capacity to implement quality sexual health education, support student access to health care, and enable safe and supportive environments.

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. Recent data shows that for the first time in nearly a decade, rates for chlamydia, gonorrhea, and syphilis all increased in 2014.

Rates for primary and secondary syphilis increased by double digits for the third year in a row last year. The CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the U.S. and account for \$16 billion in health care costs. Increasing STD rates and decreasing or stagnant investments have resulted in an STD public health infrastructure that is in crisis. Given the strong link between HIV and other STDs, if we are to attain the National HIV/AIDS Strategy's goal of reducing new HIV infections, investments in STD prevention must occur.

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 65 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. According to the CDC, between 2010 and 2013 rates of hepatitis have increased by 150 percent and is correlated with the increase in opioid use across the country. Funding at DVH enables 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 PROGRAM (TPPP) AT THE OFFICE OF ADOLESCENT HEALTH

TPPP 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-ONLY-UNTIL-MARRIAGE (AOUM) GRANT PROGRAM

The Competitive AOUM grant program adheres to definition of promoting "refraining from sexual activity until marriage" 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. Decades of evidence has demonstrated that AOUM programs are ineffective, and fail to respond to the needs of young people's lived experiences, such as those who are already sexually active, survivors of sexual violence, or engaged in same-sex relationships.

SYRINGE SERVICES PROGRAMS (SSPs)

Over the past two decades, there have been significant reductions in the transmission of the HIV and other blood-borne viral infections among people who inject drugs (PWIDs). However, PWIDs still account for between 8 – 12 percent of new HIV infections in the United States, and of new HCV case-reports that had information about injection drug use, 62 percent are related to injection drug use. Congress recently modified the federal funding ban on SSPs to allow the use of federal funds to fight a dramatic spike in hepatitis C infections in the U.S. and the risk of HIV outbreaks such as occurred in Indiana in 2015. SSPs are a safe and effective HIV prevention method for PWIDs significantly lowering the risk of HIV and hepatitis C transmission. Funding will support harm reduction, overdose prevention, HIV and hepatitis C testing and critical medical services including substance use, HIV and hepatitis C treatment.

**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.***