HIV+HEP
POLICY INSTITUTE

CDC's Division of HIV Prevention—Essential Functions

The CDC's Division of HIV Prevention (DHP) is a key component and foundation of our nation's comprehensive HIV prevention *and treatment* programs, which are primarily carried out by state and local health departments and community-based organizations (CBOs). DHP also implements components of the *Ending the HIV Epidemic in the U.S.* (EHE) initiative, strengthening local prevention efforts in the most affected communities.

In FY2024, DHP received $1.014 billion and distributed 88% of it to state and local health departments and community-based organizations. The CDC allocates this funding in the following manner:

- Approximately $485 million to 59 city and state health departments for High-Impact HIV Prevention Surveillance Programs for Health Departments. For a list of state health profiles, including the amount allocated to states in FY2024, please click here.
- $220 million to eligible jurisdictions for the *Ending the HIV/AIDS Epidemic* initiative. Click here for the distribution of funding to eligible jurisdictions.
- $61 million to approximately 140 directly funded community-based organizations to carry out more targeted prevention activities.
- $38 million for Adolescent & School Health. Click here for a list of FY2023 funding.
- $25 million in Capacity Building to 15 organizations to strengthen the capacity and improve the performance of the HIV workforce.
- The remaining funding is allocated for CDC staff and grants for research, communications, and other related activities.

[Note: For a complete list of funding allocated to state and local health departments and community-based organizations, please visit CDC's Grant Funding Profiles—Funding Query View. To visualize DHP funding select the following options—in the "Funding Category," select *HIV/AIDS, Viral Hepatitis, STI and TB Prevention"*; in the "Funding Subcategory," select *Domestic HIV/AIDS Prevention and Research"*; and then search for a specific state in the "State Name" category.]

State health department HIV prevention programs have unique responsibilities, including HIV surveillance and ensuring a comprehensive, coordinated HIV response across the entire jurisdiction. CDC supports state health departments who work with CBOs, local health departments, health clinics, and others to ensure resources are distributed to areas with the most significant number of new HIV diagnoses. Health departments develop an integrated HIV prevention and care plan to outline how and where the jurisdiction will address HIV prevention, care, and treatment needs, and contribute to national HIV goals to prevent HIV. The integrated plans demonstrate how both prevention and treatment work together. State health officials are

recognized leaders within their respective government bodies on HIV and other infectious diseases, and act as a liaison to the public and HIV community.

HIV surveillance: The CDC and health departments conduct nationwide public health surveillance, data analysis, and reports to understand the HIV epidemic in specific areas and across the country. Data is analyzed to identify areas of rapid transmission, called cluster detection and response. Health departments can then work with community partners to address the outbreak, increase prevention efforts, and ensure linkage to care and treatment for those affected. CDC surveillance is used to determine not only the distribution of CDC prevention funding but also Ryan White HIV/AIDS Program care and treatment funding.

Ending the HIV Epidemic **(EHE) Program:** This work is intended to be carried out in conjunction with existing resources to enhance the response in specific high-incidence populations. EHE was not designed to carry out basic HIV preventive services for the entire nation. EHE funding is distributed to the 57 U.S. jurisdictions where more than 50% of new HIV diagnoses occurred in 2017. With CDC's EHE funding, jurisdictions have worked to enhance their prevention efforts by working with communities impacted, creating new partnerships, and scaling up proven interventions such as expanding HIV self-testing, co-locating testing and linkage services in different locations such as STI clinics, enhancing PrEP education and access, and increasing real-time response and analyses to curb new infections. CDC recipients have used EHE funding to health departments to test over 1,000,000 people for HIV, resulting in 4,600 diagnoses, delivered 600,000 self-tests, and connected 61,000 people to PrEP, resulting in a 21% decrease in HIV incidence in EHE jurisdictions, compared to a 6% decrease in non-EHE jurisdictions.

Both health departments and CBOs, which together employ 3,200 staff throughout the country, implement core elements of a comprehensive HIV prevention program, including the following functions:

Early Detection and Testing

- Support 2 million **HIV tests** in a variety of community settings to identify infections early.
- Support **routine and targeted screening** in healthcare and community settings.
- Provide **self-test kits** to reach populations with insufficient access to in-person testing.
- Implement **cluster detection and response (CDR)** to quickly identify transmission hotspots.
- Work in a **syndemic approach** with hepatitis, STDs, TB, and opioid prevention programs; due to the lack of funding in the other divisions, HIV prevention funding undergirds public health services for these related conditions.
- CDC's innovative Together TakeMeHome program has delivered more than 500,000 HIV self-test kits supported by direct-to-consumer paid promotions on social media, dating apps, and audio and video streaming platforms.

Rapid Linkage and Effective Care

- Promote **immediate access** to HIV treatment for newly diagnosed individuals.
- Improve **viral suppression rates** through medication adherence support.
- Enhance **care coordination** to ensure consistent follow-up and long-term health outcomes.
- Support **community-based models**, such as mobile vans and community events, that reduce barriers to HIV care.

Expanding Biomedical and Behavioral Interventions

- Increase **PrEP (pre-exposure prophylaxis)** use among high-risk populations, including coverage of associated PrEP services such as lab tests, adherence counseling, and outreach.
- Expand **post-exposure prophylaxis (PEP)** access for potential exposures.
- Strengthen **syringe services programs (SSPs)** to prevent HIV transmission among people who inject drugs.
- Integrate **HIV prevention services,** including condoms, into STI clinics and other healthcare settings.
- Develop culturally responsive **education campaigns** to reduce stigma and promote awareness of interventions.

Outbreak Detection and Intervention

- Use **real-time data** to guide outbreak responses and resource allocation.
- Enhance **bioinformatics and molecular analysis** to track and control new transmissions.
- CDC staff work alongside state and local health departments to act as **first responders** during an outbreak.

Scientific Research on HIV Prevention

- Maintain a cutting-edge **HIV laboratory** that collaborates with the National Institutes of Health, industry, and academia to identify new biomedical approaches to HIV prevention and innovative diagnostic techniques. The laboratory also serves as a world-renowned HIV reference laboratory, which monitors HIV resistance patterns.
- Nationally recognized **guideline development** for preventive services, such as HIV testing, PrEP, and PEP.
- Utilize **prevention research** to identify promising HIV prevention strategies and programs, assess their effectiveness, and inform the implementation of new HIV prevention practices.

Education Campaigns

- Use **communication science** to reduce stigma, raise awareness about HIV; and promote HIV prevention, including PrEP and testing among populations most affected by HIV.
- **Outreach to the public**, social media campaigns, targeted communications for those communities most impacted by HIV.
- Conduct and collaborate on p**rovider education** and training.

[Note: The 35-40 HIV Communications Branch staff is the only branch that remains subject to the earlier reductions in force, and all their activities and grants have been halted. June 27th was National HIV Testing Day and for the first time there was no US government outreach campaign.]

Capacity-building

- Provide **training and technical assistance** to grantees and staff on prevention interventions and guidelines, including instructor-led and e-learning technical assistance for high-impact HIV prevention programs.
- Support **workforce development,** management, and resource coordination for community-based organizations.

Behavioral and Clinical Surveillance

- **Identify and track** the drivers of HIV across the country.
- Address the prevention of **mother-to-child transmission**.
- **Medical Monitoring Project**—An ongoing twenty-year, 23-site data collection project that seeks information on what services people with HIV need, but do not receive; how many people with HIV receive HIV medical care, from where and using what payers; and what the barriers are to accessing care, prevention, and support services.

Quantitative Sciences

- Perform **cost-effectiveness analyses** and dissemination of tools, models, and best uses of preventive services that determine how best to allocate resources.

Adolescent and School Health

- Strengthen schools' capacity to **promote adolescent health** and well-being, create safe and supportive environments, increase school connectedness, and prevent HIV, STDs, and unintended pregnancies.
- Conduct the **Youth Risk Behavioral Survey** to determine the needs of the youth.

Leadership and Staff: The leadership of the CDC HIV prevention division provides overall direction and is comprised of world-renowned experts in the field of HIV prevention and treatment. They, along with the staff, are frequent authors and publish scientific papers that prevention implementers use. Staff are needed to oversee the grant awards, collect and compile data, and issue reports. CDC staff also collaborate with other government agencies on implementing HIV policies and programs, particularly with the Ryan White Program and the Office of Infectious Diseases and HIV Policy. The staff responds to Congressional and public inquiries and possess a significant part of the federal government's expertise on HIV and infectious disease. The leadership and staff also work with and communicate with outside partners. Federal policy expertise in the domain of HIV prevention is also located in DHP.

CDC prevention grants are authorized under Section 318 of the Public Health Service Act, which enables grantees to use the 340B discount drug program. Section 318 and its use of the 340B program enable clinics and their pharmacies to leverage federal funding and implement PrEP, STD, and hepatitis prevention and treatment programs, utilizing resources to support the uninsured. Any potential changes to the grants must ensure that this designation continues to allow grantees to leverage federal dollars to sustain their services at a level far above what is funded by the federal government.

The proposed $220 million for nationwide HIV prevention and surveillance activities, if divided equally among the 59 jurisdictions, would translate into only $3.7 million for each. The proposed total for the entire nation is less than the current base HIV prevention and surveillance funding for the States of California, Florida, New York, Texas, and Georgia, combined.

The Ryan White Program, by law, provides care, treatment and support only to *people living with HIV*, and therefore, cannot provide PrEP. CDC HIV funding supports not only HIV prevention activities, including surveillance and PrEP, but also links people to HIV care and treatment.

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