Ending HIV as an Epidemic

The Opportunity, Challenges, and Resources Necessary to Reduce New HIV Infections by 90% by 2030

The Tools

- HIV testing
- U=U
- PrEP
- Ryan White Program
- Syringe Service Programs
- Medicaid
- Health coverage
- HIV Workforce

The Need

- Only 50% of people with HIV are virally suppressed.¹
- Less than 1 in 4 of those who could benefit from PrEP are currently prescribed PrEP.²
- Only 15% of Americans believe HIV treatment is “very effective” in halting HIV transmission.³
- Major disparities remain among young Black and Latino gay and bisexual men, transgender women, and in the southern U.S.⁴
- At current rates, 1 in 2 Black gay and bisexual men and 1 in 4 Latino gay and bisexual men will be diagnosed with HIV in their lifetimes.⁵
- The uninsured rate among people with HIV in non-Medicaid expansion states is 19% compared to 5% in Medicaid expansion states.⁶
- Stigma remains pervasive, and prevents people from marginalized communities from engaging in medical care and receiving prevention services.⁷
- CDC predicts an HIV workforce shortage starting in 2019.⁸

The Administration’s Initiative

Diagnose  Treat  Protect  Respond

2020 Funding

- CDC: $140m to increase targeted HIV prevention activities
- HRSA: $70m to Ryan White $50m to CHCs for PrEP
- NIH: $6m to support implementation science research
- Indian Health Service: $25m to establish eliminating HIV and hepatitis C initiative in Indian Country

48 counties and 7 states targeted in Phase 1
HIVMA Implementation Recommendations

- Ensure the initiative is funding CDC, HRSA, NIH, IHS with **new and sustained federal funding**.
- Require an inclusive community planning and implementation process.
- Prioritize addressing stigma and withdrawing policies that promote discrimination against LGBTQ individuals, women, justice-involved individuals, immigrants and other marginalized populations.
- Protect and strengthen the Medicaid program and support Medicaid expansion nationwide.
- Grow and strengthen the clinical workforce providing PrEP and HIV care through loan forgiveness, higher reimbursement for cognitive services, and additional support for clinical training programs.
- Integrate responses to the sexually transmitted infections, viral hepatitis, and substance use/opioid epidemics.
- Leverage Ryan White clinics to provide PrEP and respond to the opioid crisis with non-Ryan White funding.
- Fully implement the USPSTF grade A recommendation for PrEP by ensuring coverage for CDC-recommended STD screening, lab monitoring and adherence counseling.

References

4 CDC. Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB. [https://www.cdc.gov/nchhstp/healthdisparities/default.htm](https://www.cdc.gov/nchhstp/healthdisparities/default.htm).