

Integrated HIV Surveillance and Prevention Funding for Health Departments

A Cornerstone for National HIV Prevention

The Centers for Disease Control and Prevention (CDC) has renewed and strengthened its flagship funding program to support HIV surveillance and prevention efforts led by health departments in states, territories, and selected counties and cities. This new funding opportunity – which integrates CDC’s HIV surveillance and prevention programs for the first time – is the agency’s largest single investment in HIV surveillance and prevention and will be the cornerstone of national prevention efforts for the next five years.

CDC designed this funding opportunity to take full advantage of recent advances in surveillance data collection and HIV prevention, and maximize the impact of every federal prevention dollar. The nation is already making significant progress in HIV prevention: the number of annual infections has declined significantly in recent years, and more people than ever know their HIV status.

The new funding opportunity will accelerate the nation’s progress toward a goal of no new infections through two central priorities:

- **Ensure that all people living with HIV are aware of their infection and successfully linked to medical care and treatment to achieve viral suppression.** Effective treatment not only preserves the health of people living with HIV, it dramatically lowers their risk of transmitting the virus to others, making it one of the most powerful HIV prevention strategies available. CDC and its health department partners use available surveillance data to expand HIV testing and diagnosis, promptly link people to medical care when they receive a diagnosis, and re-connect them to care if they have fallen out. CDC research indicates that, by doing so, roughly 9 in 10 new infections can be prevented.
- **Expand access to pre-exposure prophylaxis (PrEP), condoms, and other proven strategies for people at high risk of becoming infected.** PrEP, in particular, could have a major impact in further reducing new infections but must be more readily available in the communities most affected by HIV.

First-year awards under this funding opportunity will total about \$400 million, which is approximately level with current funding. Applications will be due on September 13, 2017, and the new funding cycle will begin on January 1, 2018. The program was informed by input from many partners and stakeholders, including the National Alliance of State & Territorial AIDS Directors (NASTAD), the Council of State and Territorial Epidemiologists (CSTE), Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), individual state and local health departments, and advocates.

Quick Facts

Eligibility:

- Health departments in all 50 states, D.C., Puerto Rico, and the Virgin Islands
- Local health departments serving Baltimore City, Chicago, Fulton County, Houston, Los Angeles County, Philadelphia, New York City, and San Francisco

Expected number of awards: 61

Minimum award amount: \$1 million

Application deadline: Sept. 13, 2017

Estimated start date: Jan. 1, 2018



Integrating HIV Surveillance and Prevention

For the first time, CDC is combining core HIV surveillance and prevention activities. This change is intended to help health departments plan and execute more efficient, integrated, and data-driven prevention efforts, and was strongly supported by stakeholders.

HIV surveillance and prevention activities are already increasingly linked at the state and local levels. For example, a growing number of health departments are implementing Data to Care, a CDC-supported public health strategy that uses routinely collected HIV surveillance and other data to identify and follow up with people who have received HIV diagnoses, but who are not in care or who have persistently elevated viral loads. Ensuring that everyone with HIV is aware of their infection and receiving the treatment they need to remain virally suppressed is a core focus of CDC's High-Impact Prevention strategy.

Directing Resources Where They're Needed Most

To maximize impact, this funding opportunity fully aligns CDC's HIV surveillance and prevention funding with the current geographic distribution of HIV. Funding will be apportioned to each eligible state, territory, or directly funded city based on the number of people living with diagnosed HIV in that jurisdiction as of 2014, the most recent year for which complete data are available. Since CDC's current funding to health departments is based on 2008 data, allocations will shift to reflect changes in the geographic burden of HIV during that six-year span.

In addition, allocations will now be based on the most recent known address for each person living with HIV rather than their residence at the time they were first diagnosed, to account for geographic mobility. Recent improvements in data collection and reporting have made this change possible.

With this new funding opportunity, CDC is also taking steps to sustain core HIV surveillance and prevention capacity even in areas where the burden of HIV infections is relatively low. Every eligible jurisdiction will be allocated a minimum of \$1 million – \$150,000 for surveillance and \$850,000 for prevention activities. (CDC currently provides a minimum of \$120,000 for surveillance and \$750,000 for prevention programs.) This change reflects input from health departments and national organizations that represent them.

As a result of these changes, most health departments will receive increased funding – including many located in the South, which is now the most heavily affected region in the United States. Some with decreased HIV burden will receive less, and CDC will provide technical assistance to ensure a smooth transition.

Building on Success in HIV Prevention

CDC's HIV surveillance and prevention funding to communities has helped drive down new infections nationally. In 2015 alone, this funding enabled state, territorial, and local health departments to:

- Provide nearly 3 million HIV tests
- Diagnose 11,500 people with HIV
- Connect, or re-connect, more than 10,000 people living with HIV to appropriate medical care
- Provide risk-reduction interventions to nearly 50,000 people at high risk for or living with HIV
- Further strengthen data collection and reporting so that 37 states and the District of Columbia now report critical information on the care outcomes of people living with HIV

Prioritizing High-Impact Prevention Strategies

In keeping with CDC's High-Impact Prevention approach, this funding opportunity prioritizes proven, cost-effective prevention strategies with the greatest potential to reduce new HIV infections. Examples include:

- **HIV testing and diagnosis efforts**, informed by lessons from intensive testing efforts supported over the last several years by CDC's current health department funding
- **Expanded use of Data to Care and other innovative approaches** to ensure people with HIV are engaged in medical care over the long-term and achieving viral suppression
- **Increasing PrEP awareness and availability** for communities most likely to benefit, such as gay and bisexual men of color and transgender people of color
- **Supporting community-level prevention activities** including condom distribution, syringe services programs, and social marketing campaigns
- **Identifying and responding to HIV transmission clusters and outbreaks**, through standard surveillance combined with cutting-edge molecular diagnostic techniques

Health departments will continue to have significant flexibility to allocate funds according to local needs.

More Information

For detailed information on this funding opportunity, including available technical assistance for health departments, visit <https://www.cdc.gov/hiv/funding/announcements/ps18-1802>