

CDC FY 2017 Budget Request Summary Domestic HIV Prevention

February 2016

More than 1.2 million Americans are now living with HIV, with some populations disproportionately affected, including men who have sex with men (MSM), African Americans, and Latinos. As the number of persons living with HIV increases due to better, life-prolonging treatments, so does the demand for CDC prevention activities.

Guided by the *National HIV/AIDS Strategy: Updated to 2020* (NHAS), CDC pursues a High-Impact Prevention (HIP) approach to reducing new HIV infections. HIP involves using combinations of scientifically proven, cost-effective, and scalable interventions, with particular attention to the most heavily affected populations and geographic areas. CDC's commitment to HIP is evident in all aspects of the agency's work, including funding decisions, grantee requirements, public health guidelines, and research and surveillance activities.

On February 9, 2016, the President released the fiscal year (FY) 2017 budget request to Congress. It includes approximately \$788 million for domestic HIV/AIDS prevention and research at CDC, which is level with the FY 2016 enacted level.

This amount includes approximately:

- \$397 million for HIV prevention by health departments
- \$120 million for HIV surveillance
- \$103 million for activities to improve program effectiveness
- \$135 million for national, regional, local, community, and other organizations
- \$33 million for adolescent and school health

HIV Prevention by Health Departments

The proposed FY 2017 funding amount of approximately \$397 million for health departments is level with the FY 2016 Enacted level and would continue to support strategies that are most likely to yield the greatest benefit, including pre-exposure prophylaxis (PrEP) and Data to Care demonstration projects for MSM and transgender persons at high risk for HIV infection. To increase availability and improve utilization of PrEP in high-burden communities, CDC would support a new \$20 million program in FY 2017 to build on the first two years of ongoing PrEP demonstration projects. This new, competitive award would aim to increase availability and improve the utilization of PrEP and allow health departments to use up to 30% of the \$20 million to pay for PrEP medications as the payer of last resort.

CDC is also planning to extend its current health department funding cycle by one year, and develop a funding opportunity that integrates surveillance and program, allowing each jurisdiction's largest funded programs to operate in synchronicity. A joint approach would allow health departments to align resources to better match the geographic burden of HIV infections within their jurisdictions, foster better integration of HIV prevention and surveillance programs, and reduce administrative and reporting burden.

HIV Surveillance Programs

The President's FY 2017 proposed amount of \$120 million for HIV surveillance is level with the FY 2016 Enacted level. Surveillance activities are essential to identifying and targeting prevention efforts—including HIV testing—towards populations at greatest risk for acquiring and transmitting HIV. In FY 2017, CDC would continue to fund and assist health departments with HIV surveillance and data-to-care models to better support the Continuum of Care Initiative. Through HIV surveillance, DHAP monitors many facets of the trends in HIV infection in the United States. The National HIV Surveillance System provides funding and scientific support to health departments across the nation to track HIV diagnoses and deaths. Through National HIV Behavioral Surveillance, CDC collects data from three high-risk populations—MSM, persons who inject drugs, and heterosexuals at increased risk for HIV—on behaviors associated with HIV infection, HIV testing behaviors, access to and use of prevention services, and HIV prevalence. The Medical Monitoring Project produces data on estimates of clinical and behavioral outcomes for adults receiving medical care for HIV infection as well as persons living with diagnosed HIV. Under the proposed FY 2017 budget, CDC would also continue to fund surveys of HIV-related behaviors among high-risk populations and collect data on clinical and behavioral outcomes for persons living with HIV.

Improving Program Effectiveness

The request of \$103 million for activities to improve program effectiveness is level with the FY 2016 Enacted level. This funding supports research, analyses, and strategic communications to best reach people who are most at-risk for acquisition or transmission of HIV. It also supports efforts to identify better strategies for linking persons with HIV to care and efforts to examine how new biomedical interventions are being used to improve HIV prevention. Under this proposal, CDC would continue investing in efforts that support and promote: PrEP implementation; behavioral research to reduce risk behaviors, retain people in care, and improve treatment adherence; HIV communication through new tools and technologies, including social media platforms; and communication campaigns funded through the *Act Against AIDS* initiative, which has generated more than 10.1 billion impressions since it launched in 2009.

National, Regional, Local, Community, and Other Organizations

The President's proposal of \$135 million for national, regional, local, community, and other organizations is level with the FY 2016 Enacted level. Community High Impact Prevention (CHIP) focuses resources on effective and sustainable prevention activities tailored to persons at highest risk in the communities most affected by HIV. Under the FY 2017 proposal, CDC would continue to fund a cooperative agreement with CBOs that serve young men of color who have sex with men, young transgender persons of color and their partners, and would provide approximately \$23 million in capacity building assistance funding to continue supporting national organizations and prevention partners in implementing programs that prevent HIV among individuals at high risk and persons at each stage of the continuum of care.

CDC remains committed to helping state and local partners maximize the impact of prevention strategies, strengthen surveillance efforts, and improve prevention programs by providing the resources needed to shift the course of the HIV epidemic. The nation's success, however, will continue to rely heavily on the actions of health departments, CBOs, and partners nationwide. Achieving greater impact will require state and local partners to be able to take full advantage of the new and emerging tools in every community and every region of the country to achieve an even greater impact with level resources and help people protect themselves and their partners from HIV.

Additional Resources

CDC-INFO
1-800-CDC-INFO (232-4636)
www.cdc.gov/info

CDC HIV Website
www.cdc.gov/hiv

CDC Act Against AIDS Campaign
www.cdc.gov/actagainstaids