

Ending the HIV Epidemic Initiative: Accelerating Activities

\$371 Million

proposed for CDC for the
EHE initiative in FY 2021

CDC's EHE funding will be used to scale up the highest impact strategies for HIV diagnosis, treatment, prevention, and response.

The U.S. Department of Health and Human Services is coordinating the *Ending the HIV Epidemic* (EHE) initiative to leverage critical scientific advances in HIV prevention to reduce new HIV infections. FY 2021 funding will provide additional expertise, technology, resources, and innovative solutions to end the HIV epidemic in the United States. The majority of CDC's funding is distributed to health departments in EHE jurisdictions. Additional support is provided through laboratory and capacity building assistance, as well as national communication campaigns content.

Expanding Key Strategies Through EHE Investments

States and local communities play a critical role in EHE. With the proposed funding for FY 2021, CDC will work with states, communities, and national partners to expand EHE activities and effectively implement community-driven EHE plans.



Administer more than 2 million HIV tests, diagnosing approximately 19,000 infections

Diagnose all people with HIV.

CDC will support activities that:

- Apply innovative approaches to **increase testing** in clinical settings
- Establish ways to **regularly re-screen people at increased risk**
- Increase access to and use of **HIV self-tests**

HIV testing in non-traditional and home-based settings (e.g., jails, urgent care centers, emergency departments, street-based services, etc.) can help identify people who have HIV. This approach can reduce late-stage diagnoses, connect people to care, and prevent HIV transmission. More than two-thirds of jurisdictions plan to use EHE funds to increase access to and use of HIV self-tests.



Relink an additional 16,000 people with HIV to care

Treat people with HIV rapidly and effectively.

CDC will support activities that:

- Expand innovative options to **improve adherence** and support medical care (e.g., text reminders, telehealth, etc.)
- Develop networks to **rapidly link** persons recently diagnosed to services
- Scale up Data-to-Care programs to use data to **support better engagement in treatment**
- Incentivize patients who **return to and stay in care**

Jurisdictions plan to expand telemedicine services that allow patients to access medical services remotely, including people in rural communities. Jurisdictions will also expand real-time Data-to-Care activities to reach patients who are out-of-care and are seen at emergency departments, clinics, hospitals, jails, or prisons.

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Centers for Disease
Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention



Enroll approximately 18,000 additional people at risk for HIV in PrEP treatment

Prevent HIV transmissions by using proven interventions.

CDC will support activities that:

- **Increase PrEP* awareness** among clinicians and the public via **social marketing and text messaging campaigns**
- **Increase access to PrEP and PEP**, including TelePrEP**
- Increase number of clinicians offering PrEP
- Create peer networks that build trust and **improve uptake of PrEP**
- **Support comprehensive Syringe Services Programs (SSPs)** to reduce the transmission of HIV among people who inject drugs

Syringe Services Programs (SSPs) are associated with a 50% reduction in the risk of HIV transmission among people who inject drugs. CDC will use EHE funding to help more than two-thirds of EHE jurisdictions strategically establish or expand SSPs, where legally permissible, using innovative delivery options such as mobile testing units and peer-delivery systems.

Scaling up HIV prevention services in STD clinics.

STD clinics are important settings for reaching people who may not have access to healthcare services or a regular source of care. CDC will scale up quality HIV prevention services in STD clinics. Efforts include establishing or expanding express visits, telemedicine, accessibility of PrEP, and self-testing – all of which are especially important in the context of COVID-19.



Provide support for finding and responding to 100-130 HIV outbreaks

Respond quickly to HIV outbreaks.

CDC will support activities that:

- Build capacity to promptly **detect when communities are affected by rapid HIV transmission**
- Use data to **focus prevention and treatment resources** on the populations and areas that are most affected by HIV
- Engage communities and **address social and cultural aspects** of state and local response efforts

Innovative technologies can turn HIV data to action by identifying networks experiencing rapid HIV transmission and maximizing prevention efforts in affected communities. Jurisdictions will engage local community members to design outbreak response strategies that are flexible and use real-time information to respond quickly when potential outbreaks are detected.



Building Capacity in the Hardest Hit Communities

To support the activities in these four key strategies, communities will need experts from multiple disciplines including, but not limited to: epidemiology; healthcare systems; disease investigation; and medical, public health, and social services

CDC is planning to work with each community to build a competent workforce that is representative of the communities they serve

Ending the HIV epidemic will require dedicated people at all levels of government and in each community working together

* Pre-exposure prophylaxis (PrEP): a pill that is highly effective for preventing HIV when taken as prescribed.

** Post-Exposure Prophylaxis (PEP): an emergency 28-day course of medicine that can be taken to prevent HIV after a possible exposure.

For more information on the Ending the HIV Epidemic initiative at CDC, visit www.cdc.gov/endinghiv