

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 state, territorial, and local health departments. These funding awards – which integrate CDC’s HIV surveillance and prevention programs for the first time – represent the agency’s largest single investment in HIV surveillance and prevention and will be the cornerstone of national prevention efforts for the next 5 years.

The awards are designed to take full advantage of recent advances in surveillance data collection and HIV prevention and maximize the impact of every federal 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.

These new awards 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.** People who take antiretroviral therapy daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner, making this 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 HIV prevention 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 cycle began on January 1, 2018, totaling about \$400 million. This is approximately level with prior funding. The program was informed by input from many partners and stakeholders, including the National Alliance of State and Territorial AIDS Directors (NASTAD), the Council of State and Territorial Epidemiologists (CSTE), Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), and individual state and local health departments.

Quick Facts

Awardees:

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

Number of awards: 60

Minimum award amount: \$1 million



Integrating HIV Surveillance and Prevention

Integrating HIV surveillance and prevention programs will help health departments plan and execute more efficient, coordinated, 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 HIV 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 approach.

Directing Resources Where They're Needed Most

To maximize impact, the awards fully align CDC's HIV surveillance and prevention funding with the current geographic distribution of HIV. Funding is 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.

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

Through these awards, CDC is also taking steps to sustain core HIV surveillance and prevention capacity even in areas where the impact of HIV infections is relatively low. Every eligible jurisdiction has been allocated a minimum of \$1 million, which is an increase that better reflects the needs of jurisdictions and was revised in consultation with health departments and the national organizations that represent them.

With a fixed amount of overall funding, CDC continues to allocate funds according to the burden of HIV, which has shifted over time. As a result of these changes, most health departments are receiving increases in funding – including many located in the South, which is now the most heavily affected region in the United States. Some health departments in areas with decreases in HIV infections are receiving less, and CDC will provide technical assistance to support ongoing high-quality surveillance and prevention activities.

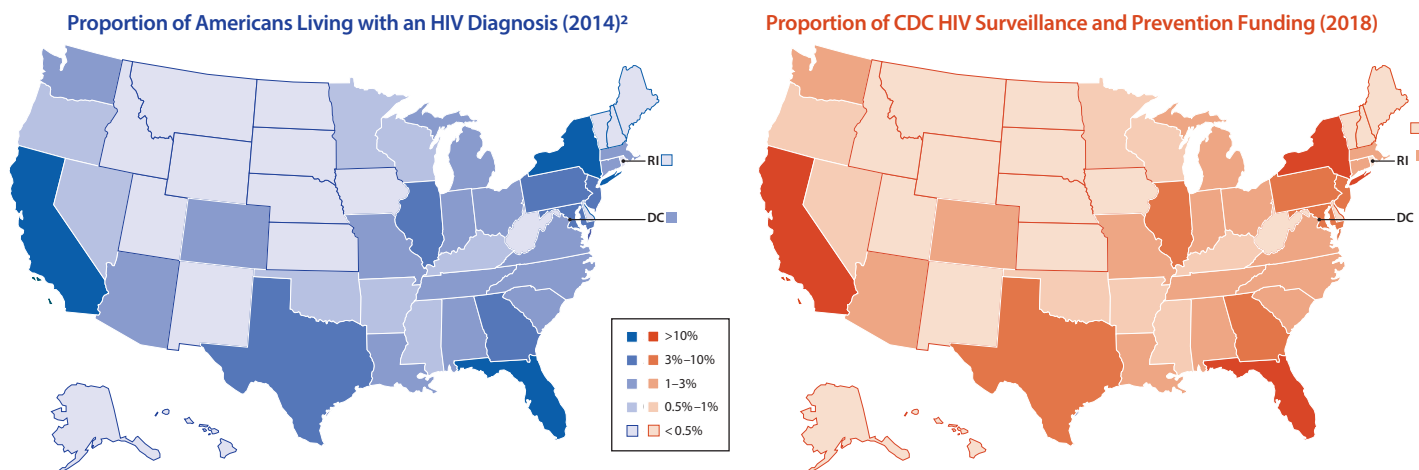
Building on Success in HIV Prevention

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 HIV infections
- Connect, or re-connect, thousands of 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

Matching Surveillance and Prevention Funds to HIV Prevalence¹

CDC's HIV surveillance and prevention funding for health departments is fully aligned with the current geographic distribution of HIV.



¹Maps do not include U.S. territories receiving CDC HIV surveillance and prevention funding.

²Prevalence is based on most recent known address for each person living with HIV rather than residence at the time their infection was first diagnosed, to account for geographic mobility.

Prioritizing High-Impact Prevention Strategies

In keeping with CDC's High-Impact Prevention approach, these awards prioritize 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 health department funding
- **Expanded use of innovative approaches such as Data-to-Care** to ensure people with HIV are engaged in medical care over the long-term and are achieving and maintaining viral suppression
- **Increasing prevention efforts for people most likely to acquire HIV, including PrEP awareness and availability** for communities most likely to benefit, such as gay and bisexual men of color and transgender people of color
- **Maintaining state-of-the-art surveillance and monitoring of infections**, trends, and care outcomes
- **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 transmission network analyses

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

More Information

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