

The [Partnership to End HIV, STD, and Hepatitis](#), five of the nation's leading organizations focused on ending the HIV, STD, and hepatitis epidemics in the United States – AIDS United, NASTAD, the National Coalition of STD Directors, NMAC, and The AIDS Institute – today issued the following statement in response to threats posed to HIV prevention funding:

“Funding for HIV prevention is a cornerstone in the nation's efforts to end the HIV epidemic. Continued support and investment in HIV prevention are essential to sustain progress and ultimately achieve the goal of ending the HIV epidemic. Without federal funding, states will not be able to fill the gaps, and the country risks resurgence of HIV and reversing years of progress toward once and for all, ending the HIV, viral hepatitis, and sexually transmitted infections (STI) epidemics.

The Partnership to End the HIV, STD, and Hepatitis Epidemics is a strong supporter of the Division of HIV Prevention (DHP) within the Centers for Disease Control and Prevention (CDC). DHP plays a pivotal role in the national effort to combat the HIV/AIDS epidemic. Charged with the mission to prevent new HIV transmissions and reduce HIV-related illness and death in the United States, DHP employs a comprehensive strategy that is essential in steering the nation toward the goal of ending the HIV epidemic. Any efforts to eliminate or reduce its funding must be decried and opposed in the strongest terms.

If current funding for HIV prevention is cut, the consequences would be dire. State governments rely heavily on federal funding to implement HIV prevention programs. Any reductions in federal HIV prevention funding would interrupt crucial public health services needed to eliminate the HIV epidemic. Most states would be unable to fill that gap in funding (especially in the middle of the fiscal year). And because 89% of HIV prevention funds directly support state health departments and community-based organizations, such funding cuts would result in immediate job losses and economic disruption. And perhaps most importantly, it would also result in a dramatic increase in cases of HIV, viral hepatitis, STIs, and tuberculosis.

Reduced access to testing and preventive services would result in more undiagnosed cases of HIV, viral hepatitis, and STIs, increasing the likelihood of transmission. Without sustained investment in PrEP (pre-exposure prophylaxis) and other very effective preventive measures, communities would see increased rates of HIV transmission,

reversing decades of progress. Additionally, a rise in transmissions would place a greater financial burden on state health care systems, leading to increased medical costs and worsening health disparities. The cost of treating new HIV cases far exceeds the cost of prevention, making continued investment in HIV prevention initiatives a fiscally responsible and necessary strategy. Between 2012 and 2022, approximately 27,900 new HIV transmissions were prevented, which saved over an estimated \$15 billion in lifetime medical costs. These figures underscore the tangible benefits of sustained HIV prevention funding.

We urge the Administration to continue to support those impacted by HIV by preserving full and uninterrupted HIV prevention funding and stop any actions to dismantle the system that keeps millions healthy.