Almost 40 years into the HIV epidemic, we have the tools and ability to end it. Recent scientific advances are game-changing: We know that people with an undetectable viral load cannot transmit the virus to their partners (undetectable equals untransmittable, U=U) and HIV-negative people can take a daily pill (pre-exposure prophylaxis — PrEP) to reduce their chance of acquiring the virus by over 92%. Local jurisdictions such as Seattle, Houston, San Francisco, and New York are making strides in HIV testing, prevention, and access to care through local Ending the Epidemic plans. And more people than ever are sharing their HIV status to raise awareness and reduce stigma. As a community, we have much to celebrate.

At the same time, the rights of our community and our ability to access quality, affordable health care are under threat. Under the current administration, we have seen repeated efforts to roll back protections for pre-existing conditions that were gained through the Affordable Care Act (ACA) and continuous attacks on transgender and immigrant communities as well as communities of color more broadly. Additionally, our nation is facing a drug overdose crisis unparalleled in our history, and sexually transmitted infection (STI) rates are higher than they’ve ever been. We cannot ignore how these are linked to the health and wellbeing of people living with and vulnerable to HIV.

Since 2013, new HIV diagnoses have plateaued at around 38,000 per year. This comes after years of steady progress in combating the disease and new science that increases the effectiveness of treating and preventing HIV. Additionally, people who are HIV negative have an ever-expanding toolbox of HIV prevention options, most notably pre-exposure prophylaxis (PrEP), a once daily medication that effectively prevents HIV. The growing number of people living with HIV who are 50 years and older adds to the urgent need for increased funding for domestic HIV programs.

For over 25 years, HIV advocates from across the United States have brought their own voices to DC’s halls of power at AIDSWatch, the nation’s largest annual constituent-based national HIV/AIDS advocacy event. We know that we cannot end this epidemic if any community is left out or left behind. We need strong federal commitment and investment in strategies — based on science, not stigma — to end the HIV epidemic in all communities across the United States. And we will keep returning, until we have succeeded in ending the HIV epidemic in this country.
AN OVERVIEW: HIV IN THE UNITED STATES

The Centers for Disease Control and Prevention (CDC) estimates that 1.1 million people are currently living with HIV in the United States, with 37,832 people newly diagnosed in 2018.

- The epidemic is driven by factors that limit people’s ability to access and engage in health care, including racism, homophobia, transphobia, HIV stigma, poverty, and more.
- While new HIV diagnoses have been declining overall, disparities are still seen in communities of color and among LGBTQ+ people.
- People aged 50 and older now account for more than half of all people living with HIV.
- More than half of new HIV diagnoses occur in the US South.
- Just over half of all people living with HIV have achieved viral suppression.
- Young people (ages 13-24) accounted for 21% new HIV diagnoses in 2018.
- Approximately one in four people living with HIV are women, with women of color bearing disproportionate burden:
  - Of all women living with HIV at the end of 2017, 59% were African American, 16% were Hispanic/Latina, and 20% were white.

COMMUNITIES COLLABORATING TO END THE EPIDEMIC

During the 2019 State of the Union address, the President announced a bold initiative to end the domestic HIV epidemic by 2030. In the weeks following that address, the US Department of Health and Human Services officially launched Ending the HIV Epidemic: A Plan for America — an initiative to reduce new cases of HIV by 75% by 2025 and further by 90% by 2030. The first five years of this initiative are focused on the 50 counties (including Washington, DC, and San Juan, PR) with the highest new cases of HIV as well as seven states identified as having a substantial rural burden. The President recommitted the Administration to this initiative in the 2020 State of the Union address.

Community Engagement

The initial investment of $251 million for the Ending the HIV Epidemic (EHE) initiative in the FY2020 budget is a promising start to a bold 10-year plan to end the domestic HIV epidemic. These crucial dollars are already being put to use by the 57 jurisdictions identified as a priority for the first five years of the initiative; these jurisdictions are hard at work engaging with communities living with and vulnerable to HIV building highly tailored jurisdictional plans to end the epidemic.

Syndemics of STIs and Viral Hepatitis

People with an STI or viral hepatitis diagnosis are more likely to acquire HIV or transmit it to others. In order to effectively end the HIV epidemic, resources must be made available for the synergistic epidemics — or syndemics — of STIs and viral hepatitis. The CDC recognizes this and is allowing EHE jurisdictions to dedicate at least 10% of their EHE-specific grant funds toward addressing STIs and viral hepatitis.

The progress we’ve made toward ending the HIV epidemic as a country is encouraging, but we know the most difficult work still lies ahead. We have the tools to end HIV once and for all, but we must back it up with sound and sensible policies that expand access to stigma-free care, lift up vulnerable populations like Black and Latinx communities, protect LGBTQ individuals from discrimination, and address rising STI and viral hepatitis rates. Only then will we rise to the challenge and truly eradicate this epidemic.
AIDSWATCH ADVOCACY PRIORITIES

**Budget & Appropriations**
Effective responses to the HIV epidemic will require comprehensive, multi-level efforts that are adequately funded by the federal government, including but not limited to the administration’s targeted “Ending the HIV Epidemic: A Plan for America” initiative. Even this proposed funding, however, still falls far short of addressing increasing caseloads and of leveraging new medical advancements to stop the epidemic.

**Sexual Wellness at All Ages**
Quality sexual health information is critical to ensuring the health and well-being of Americans over the course of their lives. Sexuality education, accessible to people of all ages, that includes information about condoms and contraception can not only help prevent the spread of HIV and other sexually transmitted infections, but it can also help people of reproductive age avoid unintended pregnancies.

**Access to Health Care**
Access to high-quality, affordable health care is essential for people living with HIV to stay healthy and to prevent future transmissions of HIV. Care received through Medicaid, Medicare, or supported by the Ryan White Program are critical to a healthy United States.

**Civil & Human Rights**
The HIV epidemic is exacerbated by continued violations of civil rights and rescinded protections for LGBTQ+ people, immigrant communities, Black and Latinx communities, and people with disabilities, among others. We urge Congress to take measures against proposed and implemented budgetary and regulatory changes that threaten the diversity and humanity of people in the United States.

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