



HIV Prevention in the United States: **Mobilizing to End the Epidemic**



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



INTRODUCTION

Today, we have an unprecedented opportunity to end America's HIV epidemic.

HIV prevention and treatment have brought the annual number of new HIV infections to an all-time low since the start of the epidemic.¹ People with HIV can live long, healthy lives thanks to improved antiretroviral therapy. Powerful prevention tools – including simple and effective HIV treatment and pre-exposure prophylaxis (PrEP) – can practically eliminate transmission if used by all who need them. Improvements in HIV surveillance mean we can identify and respond to potential outbreaks more effectively than ever.

Yet progress in HIV prevention has slowed. Many people still aren't getting the prevention and care they need. The nation's opioid crisis poses a continual threat of new HIV outbreaks due to injection drug use.² While the full impact of the global COVID-19 pandemic on our HIV prevention efforts is unclear, it has thrown into sharp relief the extent to which longstanding, systemic health and social inequities among different racial/ethnic groups negatively affect health outcomes.

For far too long, these inequities – including discrimination, stigma, income, systemic racism, and mistrust of the healthcare system – have led to persistent disparities in HIV risk, prevention, treatment, and care, particularly for Black/African American and Hispanic/Latino people. Without bold action to address these challenges today, we could see an increase in HIV in the United States.

As the nation's lead HIV prevention agency, CDC is working with partners to achieve dramatic new declines in HIV infections. Together with other federal agencies, state and local governments, people with HIV, individuals who could benefit from biomedical and other prevention strategies, and the organizations and leaders in their communities, CDC aims to:

- Infuse the hardest hit communities with resources, technology, innovation, and expertise to strengthen prevention and care;
- Ensure that affected communities and people with HIV have a powerful voice in shaping prevention programs;
- Confront stigma and other societal barriers to delivering HIV prevention and care; and
- Monitor our collective impact and hold each other accountable for progress.

GOAL

Reduce new HIV infections by

90% by
2030

Ending the HIV Epidemic Initiative

Launched in early 2019 by the Department of Health and Human Services (HHS), the *Ending the HIV Epidemic* initiative aims to reduce new HIV infections in the United States by 90 percent by 2030.

Through the initiative, CDC and other federal agencies will provide a targeted infusion of new resources, technology and expertise to expand HIV prevention and treatment activities. For the first five years, the initiative prioritizes 50 local areas that account for more than half of new HIV diagnoses (48 counties; San Juan, Puerto Rico; and Washington, D.C.), and seven states with a substantial rural burden.

The initiative focuses on four key strategies:



DIAGNOSE all people with HIV as early as possible.



TREAT people with HIV rapidly and effectively to reach sustained viral suppression.



PREVENT new HIV transmissions using proven interventions, including PrEP and syringe service programs (SSPs).



RESPOND quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The federal initiative, *Ending the HIV Epidemic* (see sidebar), advances all of these approaches by bolstering CDC's long-standing partnerships with state and local health departments and affected communities.

But federal initiatives alone will not be sufficient. Ending the HIV epidemic requires leadership from all corners and engagement from local communities. The disease has cost our nation too much – in lives lost and dollars spent – to not embrace today's opportunity.

The time to act is now.

Additional information about the initiative is available at www.cdc.gov/endhiv.



STATUS OF HIV IN THE U.S.

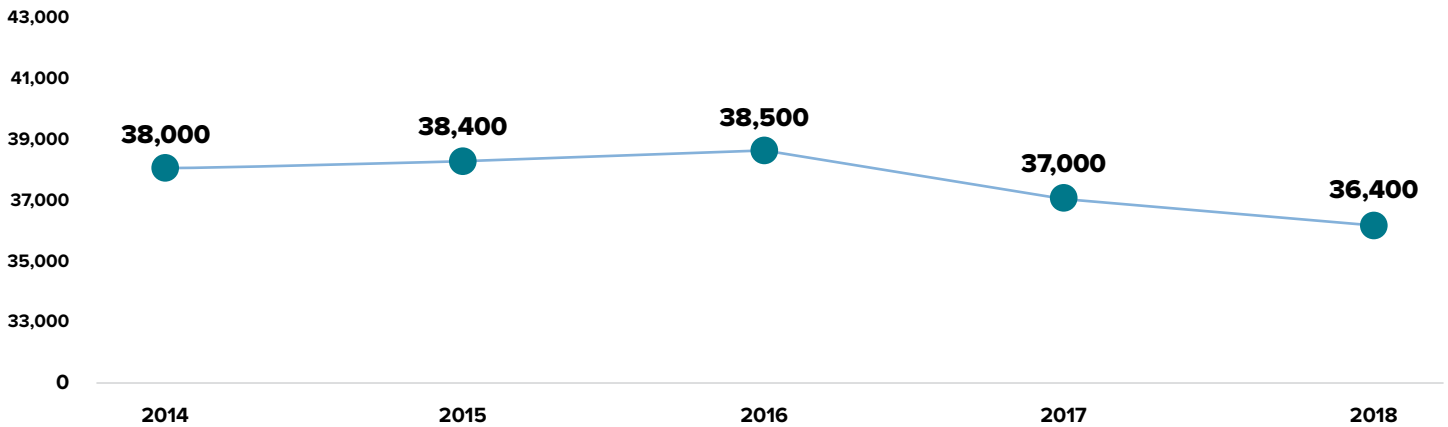
National HIV prevention and care efforts have taken us from a peak of **130,000** HIV infections annually in the mid-1980s³ to approximately **36,400** in 2018.⁴

But progress in reducing new HIV infections has slowed in recent years and not everyone is benefiting equally.

ANNUAL HIV INFECTIONS HAVE STABILIZED, UNDERSCORING THE NEED FOR IMMEDIATE ACTION. THIS OVERALL STABILITY MASKS IMPORTANT DISPARITIES.

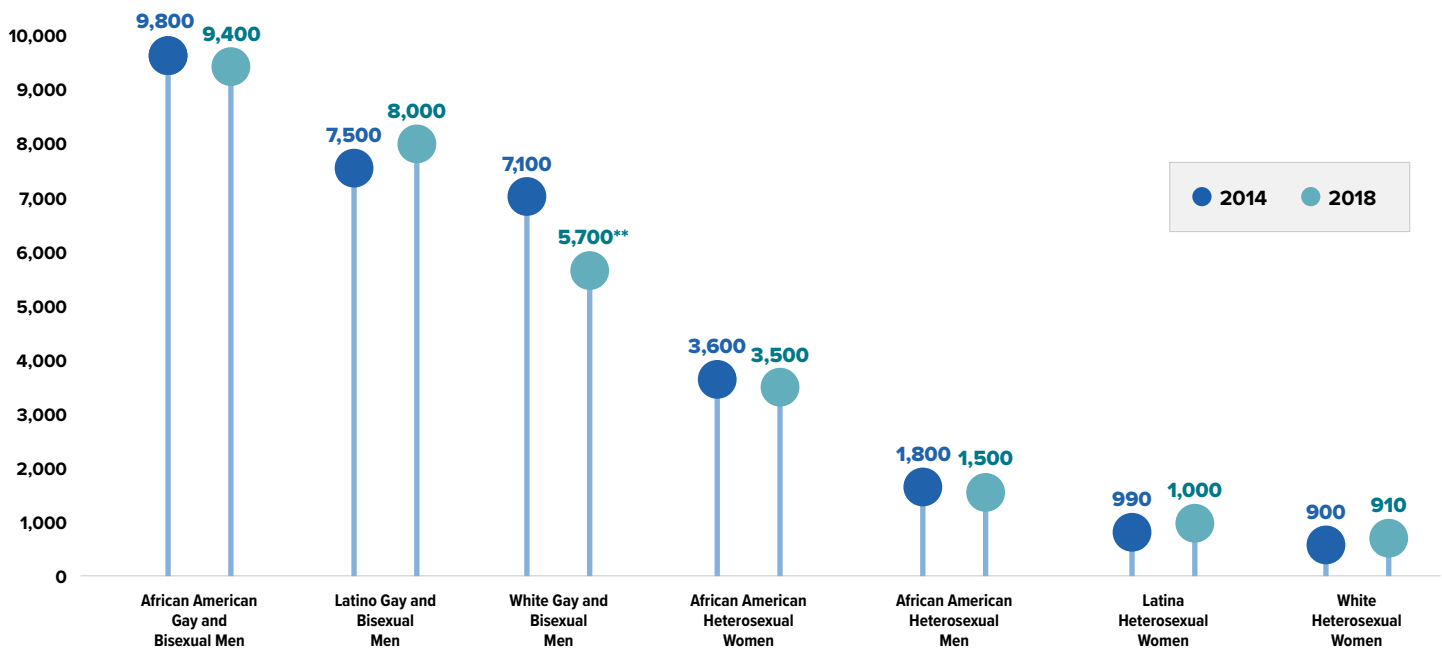
Progress in reducing new HIV infections has slowed in recent years, to about **38,000 new infections each year between 2014 and 2018.**⁵

Annual HIV Infections in the U.S., 2014-2018



During this period, **gay and bisexual men, Black/African Americans and Hispanics/Latinos bore the greatest burden of new HIV infections.**⁶

New HIV Infections by Race and Transmission Group in the U.S., 2014 vs. 2018*



* Subpopulations representing 2.0% or less of new HIV infections in 2018 are not represented in this chart

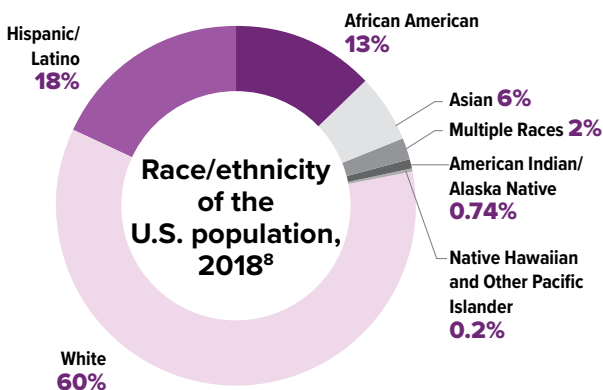
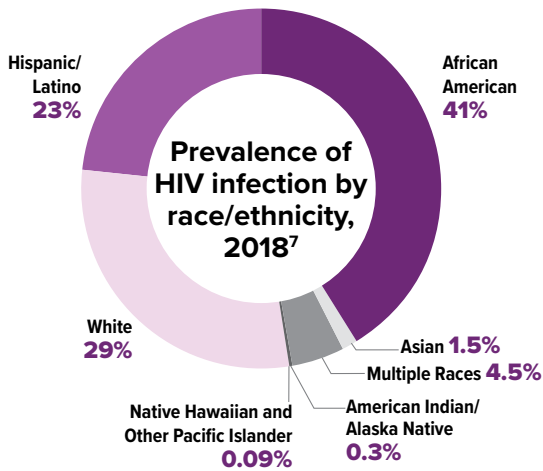
**Decline in new infections from 2014 to 2018 deemed a statistically significant decrease

HIV TREATMENT AND PREVENTION EFFORTS ARE NOT REACHING EVERYONE WHO NEEDS THEM.

Although HIV remains a threat in every part of the United States, certain populations – and parts of the country – bear most of the burden, signaling where HIV prevention efforts must be focused.

HIV by Population

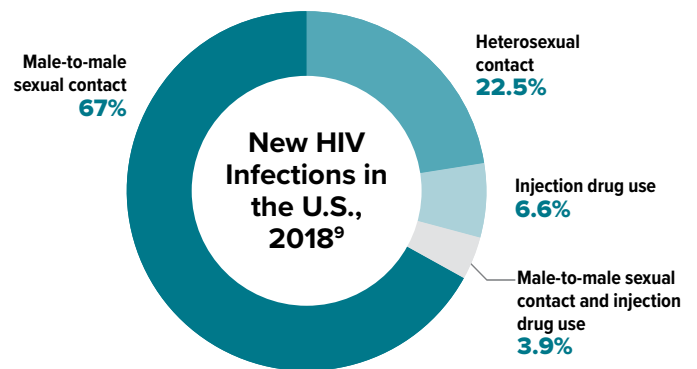
> **Black and Hispanic/Latino communities are disproportionately affected by HIV compared to other racial/ethnic groups.**



> **In all regions of the U.S., gay and bisexual men are the group most affected by HIV.**

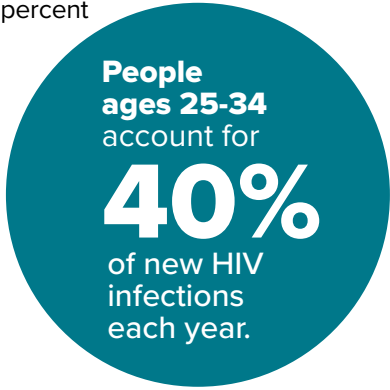
They account for about 70 percent of new HIV infections each year,⁹ even though they make up only 2 percent of the population,¹⁰ with the highest burden among Black and Hispanic/Latino gay and bisexual men and young men.

- In 2018, 26 percent of new HIV infections were among Black gay and bisexual men; 22 percent among Hispanic/Latino gay and bisexual men; and 46 percent among gay and bisexual men under the age of 35.¹¹



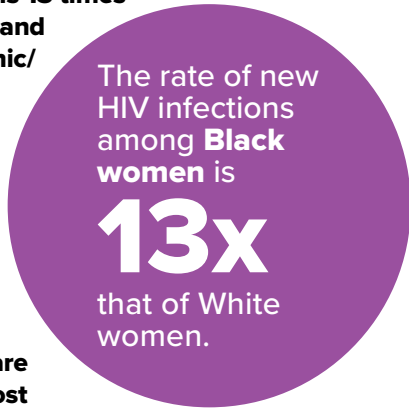
> **By age group, people ages 25-34 have the highest rate of annual HIV infections.**

In 2018, they accounted for 40 percent of new HIV infections, primarily reflecting the higher number of infections among gay and bisexual men in this age group. Youth with HIV (people ages 13-24) account for 21 percent of new HIV infections each year and are the least likely of any age group to have a suppressed viral load.^{12,13}



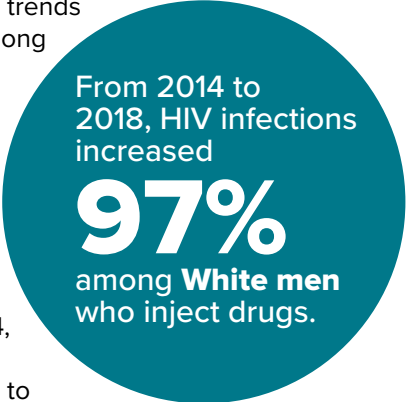
> **Among women, disparities persist.**

- Black women are disproportionately affected by HIV compared to women of other races/ethnicities. Although annual HIV infections remained stable among Black women from 2014-2018, **the rate of new HIV infections among Black women is 13 times that of White women and 4 times that of Hispanic/Latina women.**¹⁴
- Transgender women are also heavily affected by HIV. Available evidence suggests that in relation to their population size, **transgender women are among the groups most affected by HIV in the U.S.:** estimated HIV prevalence for transgender women is 14 percent¹⁵ – a striking difference when compared to HIV prevalence estimates for adults in the U.S. overall (<0.5%).^{16,17}



> **In 2018, 7 percent of new HIV infections in the U.S.* were among people who inject drugs (PWID).****

Long-term declining trends in HIV incidence among PWID have stalled, and new infections have begun to increase in some demographic groups and geographies. For example, in 2018 compared with 2014, the number of HIV infections attributed to injection drug use increased 97 percent for White males.¹⁸ Localized outbreaks have contributed to these trends.

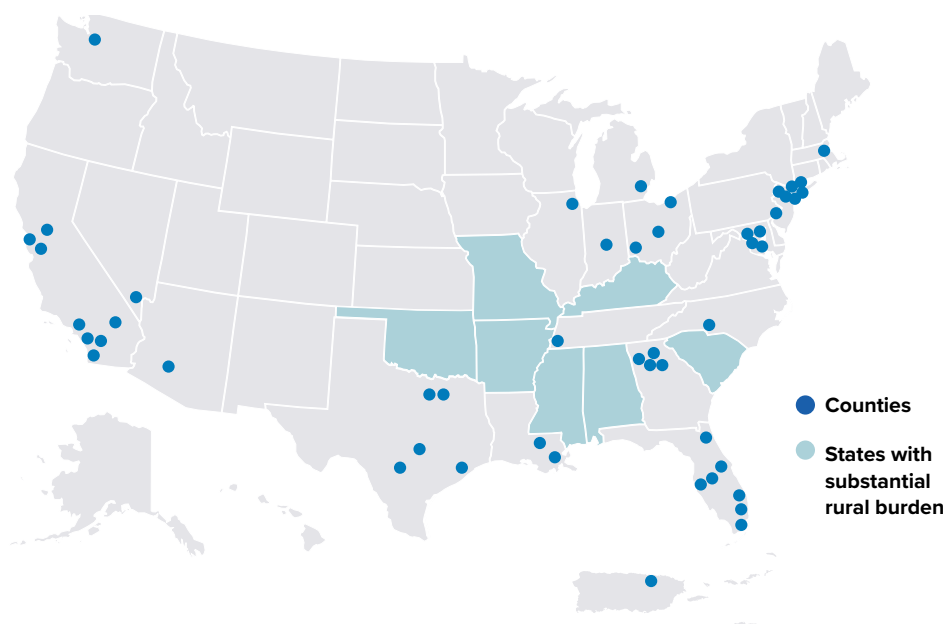


*Does not include Puerto Rico

**Excludes men who have sex with men (MSM) and inject drugs

HIV by Geography

Most of the nation's HIV diagnoses are concentrated in certain geographic areas, with the majority of diagnoses occurring in southern states.



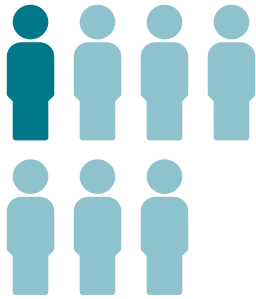
In 2016 and 2017, more than half of new HIV diagnoses were concentrated in geographic hotspots across the U.S.: **48 counties** plus Washington, D.C. and San Juan, Puerto Rico.¹⁹

Seven states also have a substantial rural burden: Alabama, Arkansas, Kentucky, Missouri, Mississippi, Oklahoma, and South Carolina.²⁰

These **57 jurisdictions** are prioritized for the *Ending the HIV Epidemic* initiative.

HIV TRANSMISSION IS DRIVEN BY GAPS IN THE HIV CARE CONTINUUM.

By ensuring that everyone with HIV is aware of their status, receives the treatment they need, and achieves and maintains viral suppression—key steps in the HIV care continuum—we can preserve the health of people with HIV and drive down new HIV infections, which is essential because:



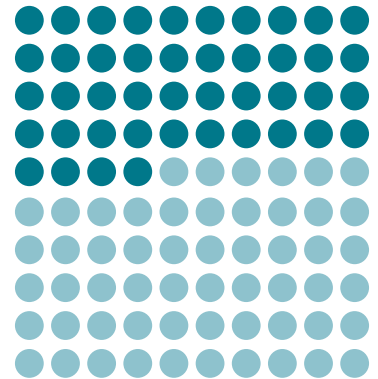
1 in 7

One in seven people with HIV (14%*) still don't know they have it, meaning they are not receiving the care they need to stay healthy and prevent transmission to others.



35%

One in three people with HIV (35%*) are not receiving needed HIV care. 80 percent of new HIV infections are transmitted by people who are not aware they have HIV or not receiving any HIV care.



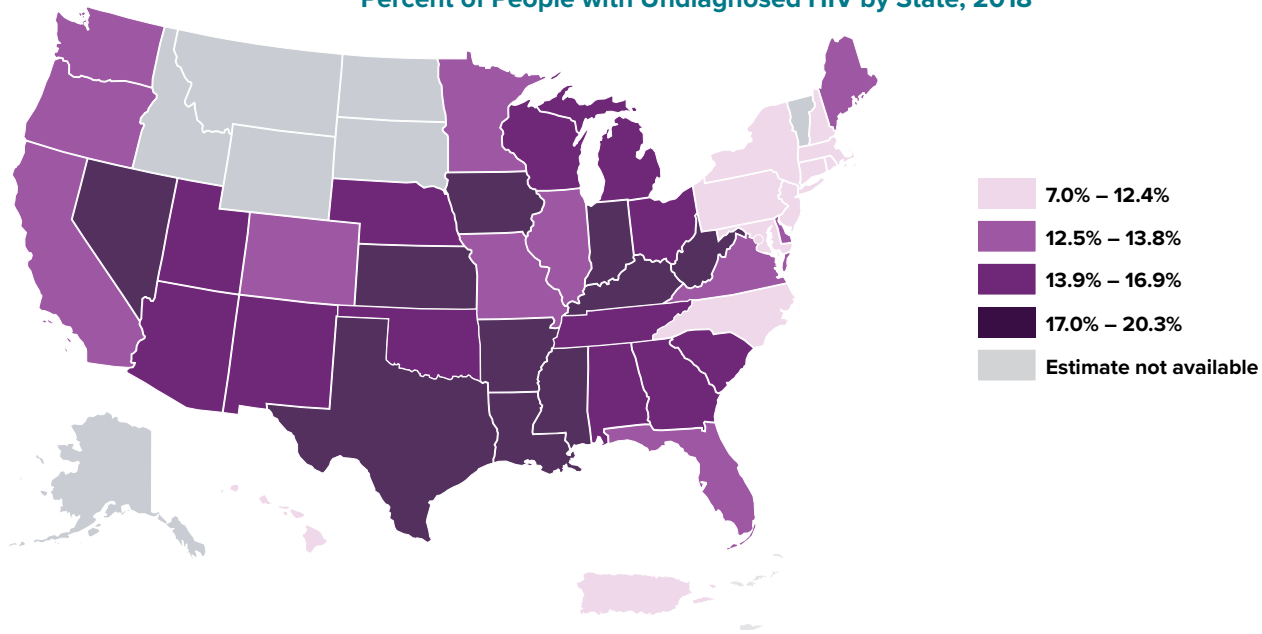
44%

44 percent* of people in HIV care have not reached viral suppression through treatment.²¹

*Based on 2018 data

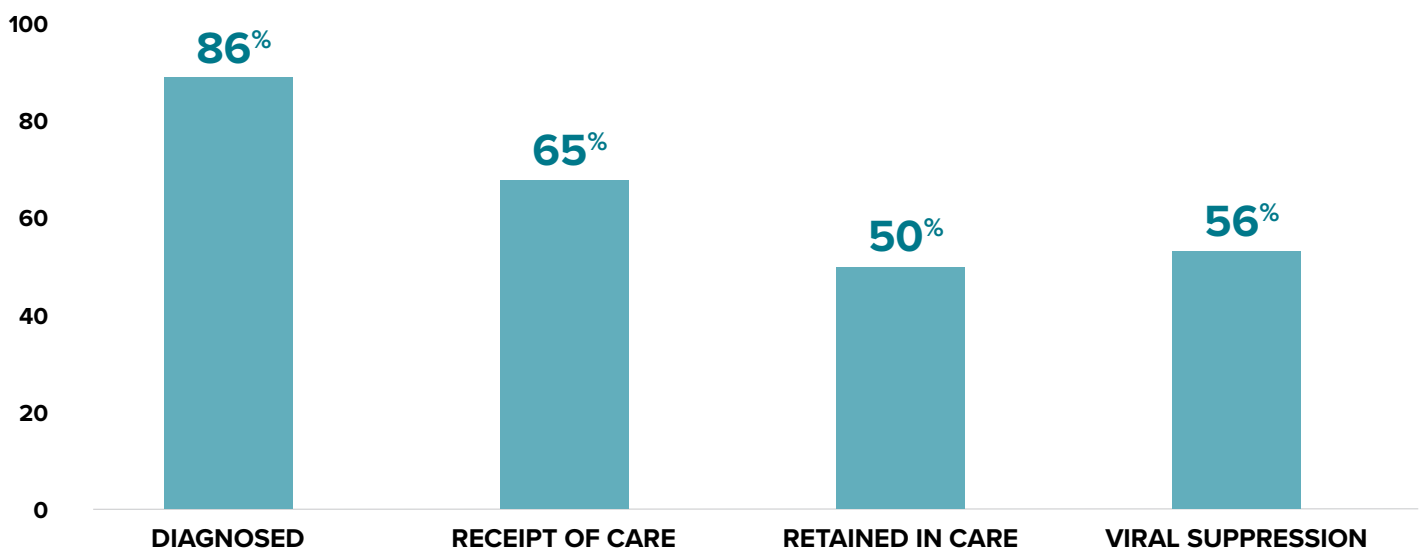
The proportion of people with undiagnosed HIV is high in some parts of the country, especially in the South, likely contributing to the high burden of HIV in the region.

Percent of People with Undiagnosed HIV by State, 2018²²



To help gauge progress and direct HIV prevention resources most effectively, CDC tracks the HIV care continuum – a series of steps from the time a person receives an HIV diagnosis through successful treatment with HIV medications. Gaps in the care continuum highlight the urgent need to improve early detection of HIV and increase the proportion of people with diagnosed HIV who are receiving treatment and have a suppressed viral load.

Prevalence-based HIV Care Continuum, 2018²³





CDC'S HIV PREVENTION PRIORITIES

CDC pursues a high-impact strategy to reduce new HIV infections and improve outcomes for people with HIV.

This approach combines scientifically proven, cost-effective, and scalable interventions, delivered with a focus on the populations and geographic areas most heavily affected by HIV. CDC's high-impact approach is evident in all aspects of the agency's work, including its HIV prevention funding to health departments and community-based organizations (CBOs), in its public health guidelines, and through its research and surveillance activities.

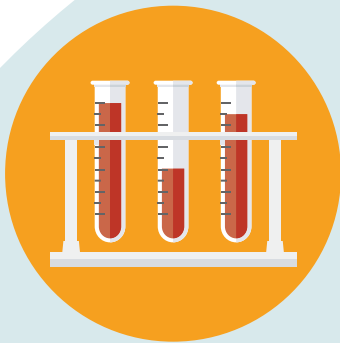
CORE STRATEGIES

CDC's priority approaches are aligned with the four key strategies of the *Ending the HIV Epidemic* initiative. Through funding to communities and a range of supporting activities, CDC advances these core strategies as follows:



Diagnose all people with HIV as early as possible

Testing is the gateway to care for people with HIV, and to PrEP and other prevention services for people who do not have HIV but could benefit from such services. Yet one in seven people with HIV still do not know they have it,²⁴ in part because CDC testing guidelines are not universally followed.²⁵ CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine medical care. Some people are more at risk for HIV than others and should be tested at least annually.²⁶ Sexually active gay and bisexual men may benefit from even more frequent testing (e.g., every 3 to 6 months).²⁷



CDC'S APPROACH:

CDC is focused on making HIV testing simple, accessible, and routine.

Key approaches include:

- **Using the latest systems and technology to make testing truly routine in healthcare facilities**, particularly Federally Qualified Health Centers, sexually transmitted disease (STD) clinics, hospital emergency rooms, and other facilities that are likely to engage people who otherwise have limited access to health care.
- **Carrying out focused approaches that encourage more people to get tested for HIV more frequently** – for example, through mobile HIV testing vans and co-location of HIV testing with other health services.
- **Implementing innovative technologies and programs**, such as self-testing, to make testing more accessible.



Prevent new HIV transmissions by using proven interventions, including PrEP and syringe service programs (SSPs)

Both of these approaches are highly effective. When taken daily, PrEP reduces the risk of getting HIV from sex by about 99 percent.^{28,29,30,31,32}

Comprehensive SSPs have also been shown to dramatically reduce HIV risk and can provide an entry point for accessing substance abuse treatment and prevent overdose deaths and other infectious diseases like viral hepatitis and endocarditis.^{33,34,35}

Yet both interventions remain greatly underused. Just 18 percent of the estimated more than one million Americans who could benefit from PrEP are using the FDA-approved medications,³⁶ and some of the largest gaps are among populations who need PrEP the most, including gay and bisexual men of color and transgender women.^{37,38}

Many of the U.S. communities threatened by the opioid epidemic and increasing injection drug use have not had the resources or local community and political support needed to establish effective SSPs.

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CDC'S PrEP APPROACH:

CDC is focused on increasing availability and use of PrEP among populations who could benefit most, including gay and bisexual men of color, people in the South, Black women, and transgender women.

CDC's programs address both ends of the delivery spectrum:

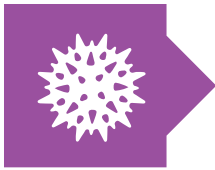
- **Increasing PrEP awareness and demand** – through funding local organizations to conduct community-based outreach to people who could benefit most; education campaigns that increase awareness and combat stigma associated with PrEP use; and tools such as CDC's [PrEP Locator](#), which has information on public and private providers who offer PrEP.
- **Increasing accessibility of PrEP** – through healthcare provider training, provider education campaigns, support of TelePrEP and pharmacy-based PrEP, clinical guidelines development, and working to offer PrEP and related services through primary care centers, STD clinics, and school-based health centers.



CDC'S APPROACH TO SSPs:

CDC has developed an [SSP web page](#) and partners with other agencies and works with local communities to implement SSPs where they are needed and permitted by state and local laws.

Where SSPs are already established, CDC supports scale-up of programs to reach a greater share of people who inject drugs with services such as vaccination; testing for HIV, other sexually transmitted infections (STIs), and hepatitis C virus; linkage to infectious disease care and substance use treatment; and access to and disposal of syringes and injection equipment. Where SSPs are not established or have only recently been permitted by law, CDC supports development of policies for SSP implementation, followed by program creation and scale-up.



Treat people with HIV rapidly and effectively to reach sustained viral suppression

HIV treatment not only preserves the health of people with HIV – it is also the most powerful prevention strategy available. **Research shows that people who receive HIV treatment and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to others.**^{39,40,41,42,43}



CDC'S APPROACH:

CDC is focused on quickly linking people with HIV to care and treatment, and re-engaging those who have stopped receiving care.

Specifically, CDC works with grantees, partners, and providers to:

- **Provide immediate – ideally same-day – linkage to care for people with newly diagnosed HIV.** All CDC-funded health departments and CBOs, for example, are required to maintain formal linkages to HIV medical care providers to facilitate rapid linkage. CDC also works to improve HIV linkage and navigation services in STD clinics, which provide a critical avenue to reach people with HIV or people who could benefit from HIV prevention services and may not otherwise be engaged with the healthcare system. STIs are associated with a higher risk of acquiring HIV because the presence of an STI might enhance HIV transmission, and because HIV and other STIs can be transmitted the same way – through sex.⁴⁴
- **Expand health department-led “Data to Care” programs that identify and follow up with people who are not receiving care.** These innovative programs, developed by CDC with select health department grantees, use routinely collected HIV surveillance data and other healthcare data to confidentially identify and follow up with people who have received HIV diagnoses, but who are not in care or have persistently elevated viral loads.
- **Increase adolescents' access to key health services, including HIV and STI testing and prevention services, subsequent referrals to care and treatment,** and other risk screening through school-based health services.
- **Provide behavioral interventions and other support to help people with HIV stay in care and adhere to treatment, and to help providers engage people with HIV in ongoing care.** For example, CDC supports *HIV Treatment Works*, a communications campaign that shows how people with HIV have overcome barriers to get into care and stay on treatment and offers resources on how to live well with HIV.



Respond quickly to rapid HIV transmission

HIV transmission affects different communities and areas in different ways. Cutting-edge public health approaches now make it possible to quickly identify areas with rapidly accelerating HIV transmission, where prevention and treatment services are most urgently needed. These approaches have already benefitted local communities ranging from rural Indiana to cities in northeastern Massachusetts. They involve quickly detecting rapid transmission through a variety of approaches and then addressing gaps in long-standing, proven public health strategies, including prevention and care services. These strategies are key to protecting people's health and ending the HIV epidemic.



CDC'S APPROACH:

CDC works to ensure that all jurisdictions have the capacity to identify, investigate, and respond to potential HIV outbreaks quickly.

Specifically, CDC is providing comprehensive support and technical assistance in areas such as response planning, data management and analysis, informatics, communications, multi-state coordination, and expansion of HIV prevention services to help local jurisdictions improve response to potential outbreaks and interrupt transmission by directing HIV services to the most affected communities.

TRANSLATING RESEARCH INTO HIV PREVENTION

CDC supports a range of activities, including research studies and data analyses, focused on improving and refining its core HIV prevention strategies. CDC findings guide prevention efforts and provide vital information that grantees and other public health partners need to design and deliver effective, high-impact HIV prevention programs.

CDC conducts scientific investigations and other research activities in four major areas:

- 1. Strategic analysis** of HIV surveillance and survey data and the development of new survey and data collection tools
- 2. Testing new HIV prevention interventions** – including biomedical, behavioral, and structural interventions – through clinical trials and other research studies
- 3. Conducting implementation research on best ways to deliver proven prevention interventions** – for example, through research with health departments and other federal, state, and local public health partners
- 4. Launching demonstration projects** that explore promising HIV prevention strategies and innovative programs in real-world settings, which can be implemented or scaled up nationwide

CDC disseminates research findings and fosters scientific discussion through publications in its *Morbidity and Mortality Weekly Report (MMWR)* and other journals, presentations at scientific meetings, collaborations with other federal agencies and universities, and hosting the National HIV Prevention Conference.

Recent examples of CDC-led projects include:



DIAGNOSE

- Evaluating how the administration of emerging biomedical interventions like PrEP affects HIV diagnostic test responses
- Analysis of national survey data that showed most Americans have not been tested at least once for HIV as recommended by CDC



TREAT

- Analyses and reports on progress toward HIV care outcomes – including, most crucially, rates of viral suppression
- Demonstration projects to increase the use of CDC's Data to Care approach with gay and bisexual men of color
- Developing sensitive tests for identifying hidden HIV drug resistance, which can impact viral suppression



PREVENT

- Partnering with NIH to conduct clinical trials that demonstrated the effectiveness of PrEP in different populations
- Analyses showing how syringe service programs can increase use of HIV testing and prevention services
- Research estimating the proportion of new HIV infections among gay and bisexual men attributable to gonorrhea and chlamydia
- Demonstration projects of innovative PrEP delivery strategies for gay and bisexual men



RESPOND

- Research showing how molecular analysis approaches helped to slow an outbreak tied to injection drug use in rural Indiana
- In partnership with local public health staff, using bioinformatics tools to help focus resources to the leading edges of HIV transmission

SUPPORTING COMPLEMENTARY APPROACHES

To maximize the impact of its core strategies, CDC conducts an array of complementary HIV prevention and research activities:



Condom distribution

Condoms remain an essential HIV and STI prevention tool. Since consistent and correct use is critical to avoid transmission, condoms should be made available to all who could benefit.⁴⁵

Condom distribution is a required component of all CDC-funded prevention programs. CDC encourages its partners to coordinate these services with local community organizations, health centers, STD clinics, healthcare providers, bars, clubs, and other settings where people in need of HIV prevention can be reached.



Behavioral interventions and linkage to social services

Rigorous studies have identified effective behavior-change strategies for both people with HIV and others who could benefit.

CDC [continually assesses evidence on behavioral interventions](#) to determine which have the greatest potential to reduce HIV transmission risk; improve linkage to, retention in, and re-engagement with care; increase adherence to HIV medications; and improve engagement in PrEP care.

CDC supports the use of these evidence-based approaches by its health department and CBO grantees. CDC also supports efforts to link individuals to other essential services they need to remain in care or avoid infection, including substance use disorder treatment, mental health services, housing, and transportation.



Social marketing campaigns

CDC's *Let's Stop HIV Together* campaign empowers communities, partners on the ground, and healthcare providers to reduce HIV stigma among all Americans, prevent HIV among the hardest-hit populations, and help people with HIV stay healthy.

The campaign includes [partnership information](#) and [resources](#) to address HIV [stigma](#) and promote HIV [testing](#), [prevention](#), and [treatment](#).

CDC also partners with other organizations to extend the campaign's reach. These partners range from community-level and online community leaders to large national organizations, and they use their own unique voices, skill sets, and platforms to deliver HIV prevention messages with credibility and impact.



FUNDING COMMUNITIES FOR HIV PREVENTION

HIV prevention ultimately happens at the community level.

While an effective national strategy and federal resources are central to ending the HIV epidemic, success requires commitment by state and local health officials, community organizations, healthcare providers, people with HIV, and others from communities overrepresented in the epidemic. **CDC carries out its HIV prevention strategy largely through funding to states and local communities nationwide.**

Today, approximately **89 percent** of CDC's domestic HIV prevention funding* is directed to state and local health departments, CBOs, local education agencies, and other organizations to implement and strengthen HIV prevention. These funded programs are true partnerships, combining local knowledge and expertise with the financial and technical resources of CDC and its national partners to achieve the greatest possible impact.

*Percentage reflects adjusted extramural program funding

Major CDC funding programs include the following:

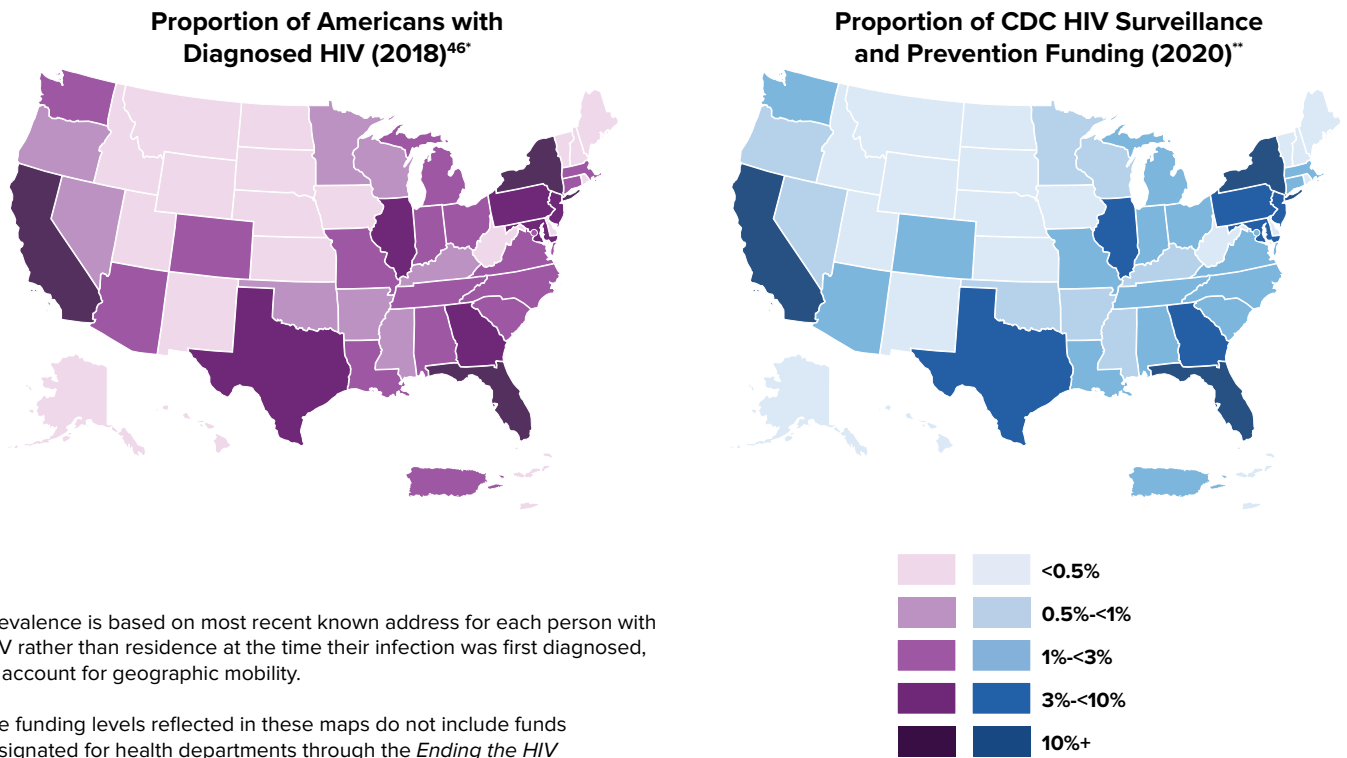


Integrated HIV surveillance and prevention for health departments

CDC’s flagship funding program remains its largest investment and the cornerstone of national HIV prevention efforts. Through the longstanding program, CDC most recently awarded approximately \$400 million to state, territorial, and local health departments in 2020 to support HIV surveillance and prevention efforts across the country. To maximize impact, the funding awards are fully aligned with the current geographic distribution of HIV. By awarding every jurisdiction a minimum amount of \$1 million per year, they are also designed to maintain core HIV surveillance and prevention capacity across the country.

Matching Surveillance and Prevention Funds to HIV Prevalence

CDC’s core HIV surveillance and prevention funding for health departments through its flagship funding program (PS18-1802) is fully aligned with the current geographic distribution of HIV.



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

** The funding levels reflected in these maps do not include funds designated for health departments through the *Ending the HIV Epidemic* initiative.



Ending the HIV Epidemic planning and implementation

CDC is playing a lead role in the multi-year initiative, working with other federal agencies and local stakeholders to implement tailored plans to expand key prevention strategies in each geographic area. Specifically, CDC is funding the following activities:

- **Development of local *Ending the HIV Epidemic* plans** – In 2019, CDC provided funding to 32 eligible, CDC-funded state and local health departments representing the initial jurisdictions supported by the initiative. Grantees are tasked with developing tailored local plans that advance the four national *Ending the HIV Epidemic* strategies while fully accounting for local challenges and community needs. Because community engagement is paramount to the success of the plans, the funding supports jurisdictions to engage their local communities, HIV planning bodies, HIV prevention and care providers, and other partners in a collaborative process (see page 21).
- **Funding the implementation of local plans** – In August 2020, CDC awarded \$109 million for the first year of a new, five-year funding program to support jurisdictions' implementation of their *Ending the HIV Epidemic* plans. The program complements and expands on the strategies and activities already supported by CDC's flagship funding program for health departments with locally targeted and designed efforts to address the unique barriers to prevention and care in each community.

The new awards provide robust support for all four pillars of the *Ending the HIV Epidemic* initiative. The program includes a range of specific requirements to help overcome some of today's most urgent HIV prevention challenges. For example, the program requires grantees to focus on linking newly diagnosed people to care within just seven days; supports PrEP uptake by establishing locally driven peer networks of Black and Latino PrEP users; and requires that health departments engage their local communities fully in efforts to detect and respond to potential HIV outbreaks. In addition, the new program provides supplemental funding to a subset of jurisdictions to strengthen HIV testing, prevention, and care services at dedicated STD clinics.

In 2020, CDC
awarded
**\$109
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HIV Epidemic*
plans.

STATE AND LOCAL HIV PLANNING COMPONENTS



Engage with existing **local prevention and care integrated planning bodies** that have experience representing local populations and stakeholders about the best HIV prevention and care strategies. These collaborative efforts should include working with HRSA-funded Ryan White Part A and B recipients.



Prepare a current **epidemiologic profile** to provide a comprehensive overview of the local HIV epidemic, which can be shared with local planning bodies and partners.



Prepare a brief **situation analysis** that provides an overview of strengths, challenges, and needs related to key aspects of HIV prevention and care activities within the jurisdiction.



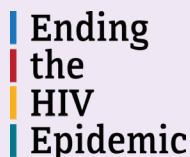
Involve **people with HIV and members of local communities** most heavily affected by HIV in the planning process, which is crucial to ensure programmatic activities are conducted in ways that are acceptable to and adopted by affected local populations.



Engage with **local HIV service providers** who deliver prevention, care, and other essential services for people with HIV. This engagement is critical for developing a feasible and sustainable plan that can accommodate the increasing number of individuals who will be seeking these services.



Reach **agreement on the new or updated Ending the HIV Epidemic plan** with local planning groups.



Prepare a **final Ending the HIV Epidemic plan** for the jurisdiction that describes the specific strategies that will be employed locally to achieve the objectives outlined in the initiative. This document will be used to guide future funding for programmatic activities.



HIV prevention awards to CBOs

Community-based organizations have long been critical partners in HIV prevention. While relatively small in comparison to CDC's health department commitments, direct funding to CBOs is an important component of CDC's prevention portfolio. CDC currently funds 90 CBOs and their clinical partners nationwide to deliver HIV prevention services to people who could benefit most from prevention services, including people of color, gay and bisexual men, transgender individuals, and people who inject drugs. Each of the funded organizations has demonstrated experience and expertise working with their local populations most affected by HIV. CDC also provides targeted funding to 30 CBOs with expertise delivering comprehensive HIV prevention services to young gay and bisexual men of color and young transgender people of color. This funding aims to reduce new HIV infections, increase access to care, and advance health equity among these groups.

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Preventing HIV and STIs among adolescents

CDC's evidence-based school health program provides students with knowledge and skills that support prevention of HIV, STIs, and unintended pregnancy among adolescents through sexual health education, promoting safe and supportive environments in schools, and increasing access to sexual health services. CDC funds 28 local education agencies around the country to deliver training and professional development for school nurses and other staff; provide referrals to community providers for health services; and improve the use of school-based health centers to provide on-site services.



Strengthening the HIV prevention workforce

Effective HIV prevention cannot happen without a skilled HIV prevention workforce. To build and maintain this foundation for ending the epidemic, CDC funds 18 organizations with deep HIV prevention expertise to provide national training, regional technical assistance, and other critical expertise to the staff of CDC-funded health departments, CBOs, and other HIV prevention and care providers. Each year, thousands of HIV prevention professionals participate in these CDC-supported capacity building assistance (CBA) programs to sharpen their skills and increase their impact. CDC is also working with *Ending the HIV Epidemic* jurisdictions to enhance their local HIV workforce capacity, such as leveraging CDC's Public Health Associate Program (PHAP) to place highly motivated early-career public health professionals in interested jurisdictions.

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MOBILIZING IN ALL PLACES, AT ALL LEVELS

Since the earliest
days of HIV,
**collaboration
and mobilization**
have been at the heart
of efforts to confront it.



When the toll of AIDS first became clear in the 1980s, activists banded together to demand research, funding, and other action. When HIV infections increased among Black Americans and other racial/ethnic groups, civic and media organizations joined advocates and government agencies to mobilize their communities.

As powerful treatment and prevention tools emerged in recent years, places from New York City to East Baton Rouge, Louisiana mobilized to deliver them effectively.

In the same way, collaboration and mobilization are the keys to ending the epidemic today. Our success will depend on coordinated action by all stakeholders, from community leaders to medical providers, federal agencies to local health departments, and people with HIV to people who could benefit from prevention services.

Each of us has a role to play to end HIV, and every American will benefit from our success.

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