

President Trump's HIV Plan Is Too Valuable to Lose

In 2019, President Trump announced a plan to end the HIV epidemic by 2030. This **Ending the HIV Epidemic (EHE) initiative, building on existing prevention and care programs, has significantly decreased new HIV infections in the United States and lowered the financial burden unnecessary HIV infections place on federal, state, and local governments.**

According to the O'Neill Institute, there were 6,700 fewer new cases of HIV nationally in 2022 than in 2016, for a savings of more than \$2.8 billion in lifetime treatment costs.

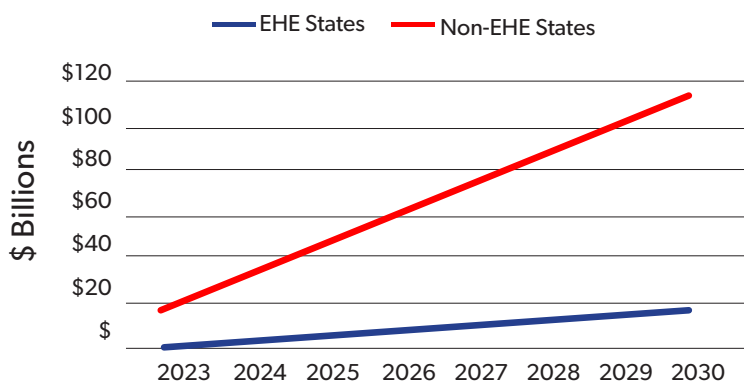
Effective HIV prevention relies on a range of strategies and critical roles played by people working at the federal, state, and community levels. What makes EHE so important is that it both leads to more resources to prevent and

treat HIV and to a greater focus on the people and places most effected.

In this infographic, amfAR analyses show states that implemented EHE would avert significantly more HIV treatment costs by 2030 than states that did not implement EHE (Figure 1). Additionally, if EHE were implemented nationally there would have been a further drop in new HIV infections as compared to an increase in new HIV infections if EHE were ended.

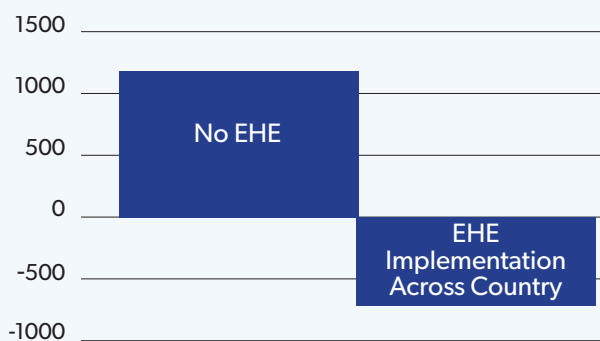
Imagine how much further HIV infections could decrease by 2030 by funding the EHE and CDC's Division of HIV Prevention. **The EHE saves lives and money; it's time to expand it, not cut it.**

Figure 1: Cumulative Additional Lifetime Treatment Costs for New HIV Diagnoses by EHE Priority State



* Using new HIV diagnoses in 2022 and the four-year average growth rate in HIV cases from 2019-2022, we calculated estimated new cases of HIV through 2030 in EHE and non-EHE states using a geometric approach. We multiplied these state-level totals by the estimated per-person lifetime treatment costs of USD \$420,000. The graph shows cumulative treatment costs each year (adding new costs to previous year). Non-EHE states may contain EHE priority counties but are counted as non-EHE states for the purpose of this analysis.

Figure 2: New HIV Infections Based on EHE Implementation



*Calculations based on rate of change in new HIV diagnoses in EHE and Non-EHE priority states between pre-EHE (2018-2019) and post-EHE implementation (2021-2022). Pre-EHE growth rates in EHE states applied nationally to estimate the number of new HIV infections expected if EHE was abandoned (+1,139). Post-EHE growth rates in EHE states applied nationally to estimate the expected reduction in new HIV infections annually if the EHE was expanded nationwide (-759).