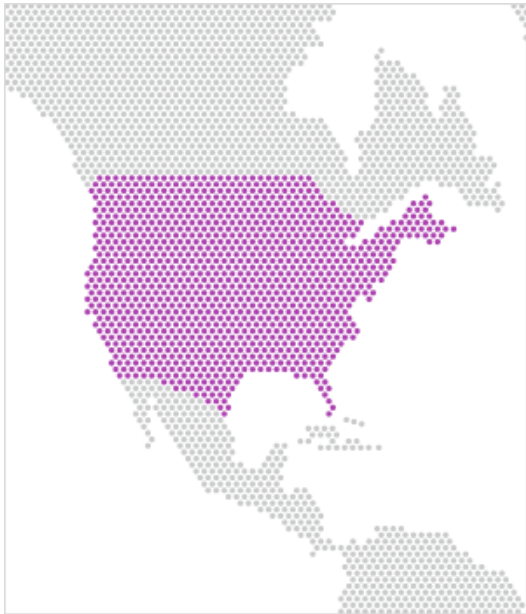


HIV and AIDS in the United States of America (USA)



USA

1.2 million people living with HIV (2013)

0.4%-0.9% adult HIV prevalence (2012)

40,630 new HIV infections (2013)

12,960 AIDS-related deaths (2012)

37% antiretroviral treatment coverage (2011)

Source: UNAIDS, CDC and ONAP

KEY POINTS:

- More than one million people are living with HIV in the United States of America (USA); one in seven are unaware of their status.
- The HIV epidemic is driven by sexual contact and is heavily concentrated among certain key populations, in particular gay men and other men who have sex with men. African Americans are worse affected across all key population groups.
- Despite condoms being widely available, their use is falling, even among people who are at heightened risk of acquiring HIV.
- Increasing levels of injecting drug use, linked to an epidemic of opioid misuse, are threatening the gains made on reducing HIV among people who use drugs.
- HIV-related stigma remains a huge barrier to preventing HIV, and is linked to a low level of people testing for HIV, as well as poor adherence to treatment, particularly among young people.
- President Trump's continued proposals to heavily reduce America's spending on HIV pose a significant threat to the progress that has been made in the epidemic to date, both domestically and globally.

Explore this page to find out more about [populations most affected by HIV](#), [HIV testing and counselling](#), [HIV prevention programmes](#), [antiretroviral treatment in the USA](#), [civil society's](#)

role in the HIV response, barriers to HIV prevention programmes, funding and the future of HIV in the USA.

Around 1.1 million people are living with HIV in the United States of America (USA). Nearly one in seven of these people are unaware they have HIV.¹

The size of the epidemic is relatively small compared to the country's population, but is heavily concentrated among several [key affected populations](#). Around 70% of annual new HIV infections occur among gay and other men who have sex with men (sometimes referred to as MSM), among whom African American/black men are most affected, followed by Latino/Hispanic men. Heterosexual African American/black women and transgender women of all ethnicities are also disproportionately affected.

The USA is the greatest funder of the global response to HIV, but also has an ongoing HIV epidemic itself, with around 37,600 new infections a year.² [Stigma and discrimination](#) continue to hamper people's access to HIV prevention as well as testing and treatment services, which fuels a cycle of new infections.

HIV rates are higher in southern states, which are home to around 45% of all people living with HIV, and account for around half of the new diagnoses annually in the USA, despite making up roughly one-third (37%) of the population.³

Since the beginning of the HIV epidemic, 692,790 people have died of AIDS-related illnesses in the USA.⁴

President Obama created the USA's first National HIV/AIDS Strategy in 2010. This was updated in 2015, to run until 2020, and is structured around four core aims: reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related disparities and health inequities and achieving a co-ordinated national response to the epidemic.⁵

Following the election of President Trump in 2016, concerns have been raised over the new administration's approach to HIV, both globally and domestically. Throughout 2017, the post of Director of National AIDS Policy, which exists to coordinate efforts to implement the National HIV/AIDS Strategy, has been vacant. By the end of 2017, all members of the Presidential Advisory Council on HIV/AIDS (PACHA), which provides advice on the National HIV/AIDS Strategy, had either resigned or been fired. As of February 2018, no new advisory members of PACHA had been recruited.⁶

Groups more affected by HIV in the USA

The HIV epidemic in the USA has impacted some groups more than others. These key affected populations can be grouped by transmission category (for example, [men who have sex with men](#)) but also by race and ethnicity, with people of colour having significantly higher rates of HIV infection over white Americans.⁷

A complex set of economic and socioeconomic factors drive risk to these populations, including discrimination, stigma, poverty and a lack of access to care.⁸ Sexual networks are also present a major risk factor, with populations at a high risk to HIV tending to have sex with people in their own communities.

Men who have sex with men in the USA

Men who have sex with men (sometimes referred to as 'MSM') are the group most affected by HIV in the USA, accounting for an estimated 2% of the USA's population, but 70% of new annual HIV infections.⁹

Between 2010 and 2014, new HIV infections among men who have sex with men remained stable at about 26,000 a year. However, trends vary greatly by age and ethnicity. For example, new infections declined by 16% among young men who have sex with men (aged 13 to 24) during this time, while increasing by 23% among 25 to 34-year-old men who have sex with men. Similarly, new infections declined by 11% among white men who have sex with men but increased 14% among Hispanic/Latino men who have sex with men.¹⁰

Although new infections between 2011 and 2015 have remained stable overall among African American/black men who have sex with men, among younger populations (between the ages of 25-34-year-old) African American/black men who have sex with men they have risen by 30%.¹¹

If current diagnosis rates continue, one in six American men who have sex with men will be diagnosed with HIV in their lifetime. This equates to one in two African American/black men who have sex with men, one in four Hispanic/Latino men who have sex with men and one in 11 white men who have sex with men.¹²

At the end of 2014, 615,400 American men who have sex with men were living with HIV and an estimated 17% were unaware of their status.¹³

Every three years, the CDC studies sexual risk behaviours among men who have sex with men in selected cities. The latest data from this survey suggests the number of men who have sex with men having anal sex without a condom is increasing, with 15.7% reporting this in 2014 compared to 13.7% in 2008.¹⁴

The survey found around one-third (35.2%) of young male high school students who had sex with men had also engaged in condom-less anal sex and other higher risk behaviours - a higher proportion than in earlier surveys.¹⁵

African American/black people in the USA

In the USA, African American/black people are more affected by HIV than any other ethnic group. This group accounted for 44% of all new HIV infections in 2014 despite only making up 12% of the population.¹⁶

At the end of 2014, an estimated 471,500 African American/black people were living with HIV, making up 43% of the total number of people living with HIV. One in six were unaware of their status.¹⁷

Among all African American/black people diagnosed with HIV in 2016, the largest proportion were men who have sex with men who accounted for six out of ten diagnoses.¹⁸

Between 2011 and 2015, HIV diagnoses fell by 8% among African Americans/black people overall, except for among African American/black men who have sex with men aged 25-34 (see 'men who have sex with men' section above).

New diagnoses fell by 20% among African American/black women, however rates of new diagnoses are still high compared to women from other ethnic groups, with 4,560 new diagnoses in 2016.¹⁹

New infections have also fallen by 16% among heterosexual African American/black men and by

39% among African American/black people who inject drugs.[20](#)

Hispanic/Latino people in the USA

HIV also disproportionately affects the Hispanic/Latino community. In 2015, Hispanic/Latino people accounted for 24% of new diagnoses of HIV in the USA, despite only representing around 18% of the population.[21](#)

Men account for approximately 87% of new annual HIV infections among Hispanic/Latino people, the vast majority (85%) of these were the result of condomless sex with men. The remaining 12% of infections were among women, 90% of which were the result of unprotected heterosexual sex.[22](#)

From 2010 to 2014, HIV diagnoses increased by 2% among Hispanic/Latino people overall. For example, diagnoses among Hispanic women/Latinas declined steadily by 16% but rose by 13% among Hispanic/Latino men who have sex with men.[23](#)

The Hispanic/Latino community faces a number of challenges to accessing HIV prevention and treatment services. Language, cultural factors and fear of being deported are all key barriers.[24](#)

Transgender people in the USA

Around 1 million adults identify as transgender in the USA. From 2009 to 2014, 2,351 transgender people were diagnosed with HIV in the country, the vast majority of whom (84%) were transgender women. Around half of transgender people who received an HIV diagnosis from 2009 to 2014 lived in the Southern states of the USA.

Although data remains limited, a 2013 study of 2,705 transgender women living in the USA found 22% were living with HIV. Transgender people who took an HIV test in 2013 were 3 times more likely to have received a new HIV diagnosis than the rest of the population who tested. More than half of the transgender people testing positive for HIV between 2009 and 2014 were African American/black (58% of transgender men and 51% of transgender women).[25](#)

Prisoners in the USA

The USA has the largest incarcerated population in the world, with 2.2 million people in prison or other closed settings.[26](#)

HIV prevalence is estimated to be 1.5% among prisoners, compared to 0.5% among the general population.

In 2010, the most recent data available, 20,093 USA prisoners were living with HIV, 91% of whom were men. Of these 3,913 were in the later stages of infection and had been diagnosed with AIDS. Rates of AIDS-related deaths among prisoners declined an average of 16% per year between 2001 and 2010, from 24 deaths/100,000 in 2001 to 5/100,000 in 2010.[27](#)

Among jail populations, African American/black men are five times more likely to be diagnosed with HIV than white men, and twice as likely as Hispanic/Latino men. Similarly, African American/black women in prison are more than twice as likely to be diagnosed with HIV than white or Hispanic/Latino women.[28](#)

Most prisoners are HIV positive before they are incarcerated, with one study estimating that one in seven people living with HIV in the USA go through the prison system every year.[29](#) Others acquire HIV while they are in prison – for example, via unprotected sex. A study in the New York area found 13% of incarcerated men and women reported being sexually active in the previous six months.[30](#)

People who inject drugs in the USA

Heroin use is increasing in the USA among men and women in most age groups and across all income levels, rising by 63% between 2002 and 2013. A huge contributing factor to this is prescription opioid misuse, which has seen an increasing number of people turn to injecting drug use, particularly in non-urban areas where previously injecting drugs had not been a significant issue. This coincides with an increase in hepatitis C infections and new outbreaks of HIV.³¹ For instance, Scott County in Indiana, with a population of only 23,744, experienced 181 new HIV infections in 2015.³²

Overall, current data shows that the annual number of new HIV diagnoses among people who inject drugs (sometimes referred to as PWID) in the USA decreased by 48% between 2008 and 2014.³³

However, the level at which this reduction occurred has slowed and there are concerns that it may stagnant or reverse due to increased levels of injecting.³⁴

In 2015, 6% of new HIV diagnoses in the United States were attributed to injecting drug use and another 3% to male-to-male sexual contact and injecting drug use.

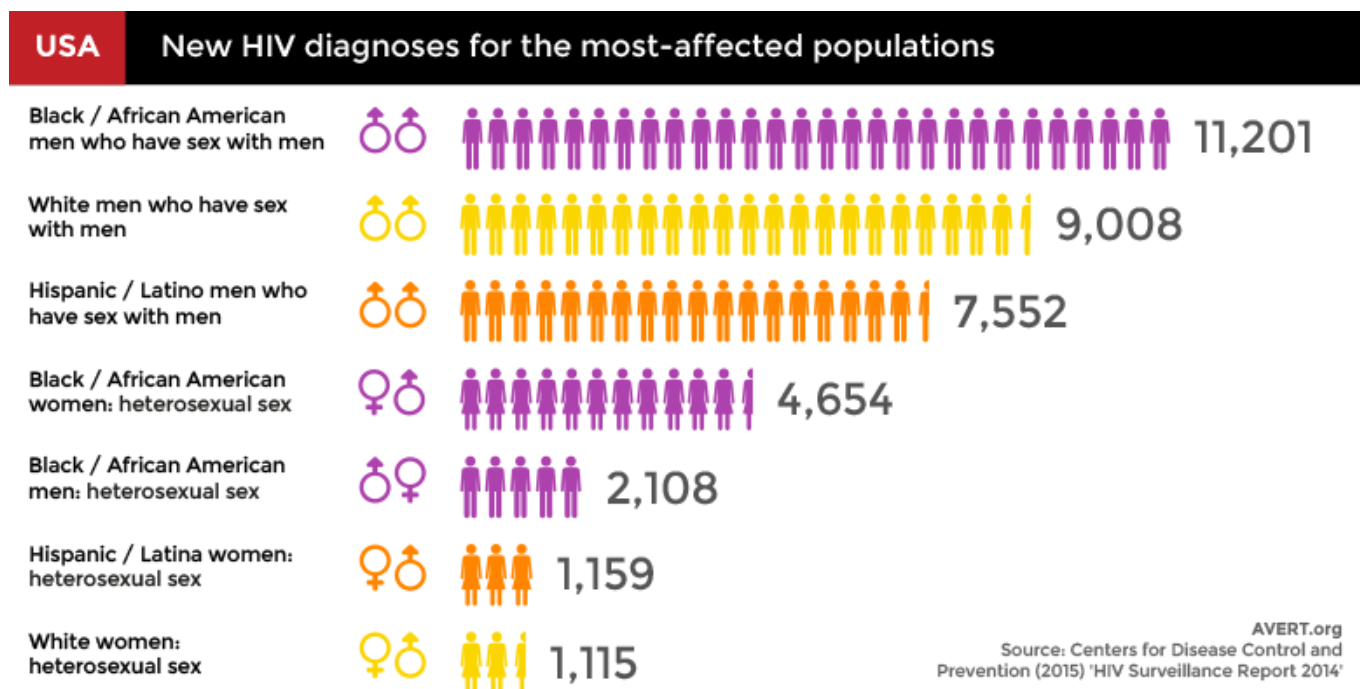
Of the HIV diagnoses attributed people who inject drugs in 2015, 59% were among men, and 41% were among women. When analysed on ethnicity, 38% were among African American/black people, 40% were among white people, and 19% were among Hispanics/Latino people.³⁵

Young people in the USA

Young people (aged 13-24) accounted for one in five (22%) new HIV infections in 2015. Eighty percent of those diagnoses occurred in people aged 20 to 24.³⁶

Although new HIV infections are declining among young men who have sex with men, this group still accounted for 81% of new HIV infections among young people in 2015. Of newly diagnosed young men, 55% were African American/black, 24% were Hispanic/Latino, and 16% were white.³⁷

At the end of 2013, an estimated 60,900 people aged between 18 and 24 were living with HIV in the USA. Of these, 51% were unaware of their status – the highest rate of undiagnosed HIV in any age group. This age group is also the least likely to be receiving HIV treatment.³⁸



HIV testing and counselling in the USA

An estimated 1.1 million people in the USA are living with HIV, including around 166,000 who are unaware of their status. It is estimated that 30% of new HIV infections are transmitted by people who are living with undiagnosed HIV, making increasing access to testing and counselling a fundamental priority for HIV prevention.³⁹

In 2015, Medicare coverage was expanded to include annual HIV testing for beneficiaries aged 15-65, regardless of their risk, as well as pregnant women and people outside of this age range who are at increased risk. This means that people with health insurance – both public and private – currently have good access to testing, often at no cost. For those without insurance or those wishing not to use their insurance, HIV testing can often be obtained at little or no cost.⁴⁰

In July 2012 the first HIV home-testing kit was approved for use in the USA. Between then and 2017, approximately 1.1 million home test kits have been sold in the country, primarily through private purchase, online and at pharmacies.⁴¹

Despite the widespread availability of HIV testing, only 54% of Americans have ever tested for HIV, and only 16% had tested in the last year.⁴² Testing rates also vary greatly by state, age, and race/ethnicity. For example, people who are African American/black or Latino are more likely to report having been tested for HIV than white people.⁴³

HIV related stigma, socially conservative communities, and low HIV risk perception all serve as barriers to testing.⁴⁴

Even among groups at high risk for HIV infection, testing rates are low. According to a 2014 survey, relatively few men who have sex with men report testing regularly. Results indicate 3 out of 10 men who have sex with men have never tested for HIV, a proportion that rises to 44% among those under 35, and only 1 in 5 have tested within the past six months.⁴⁵

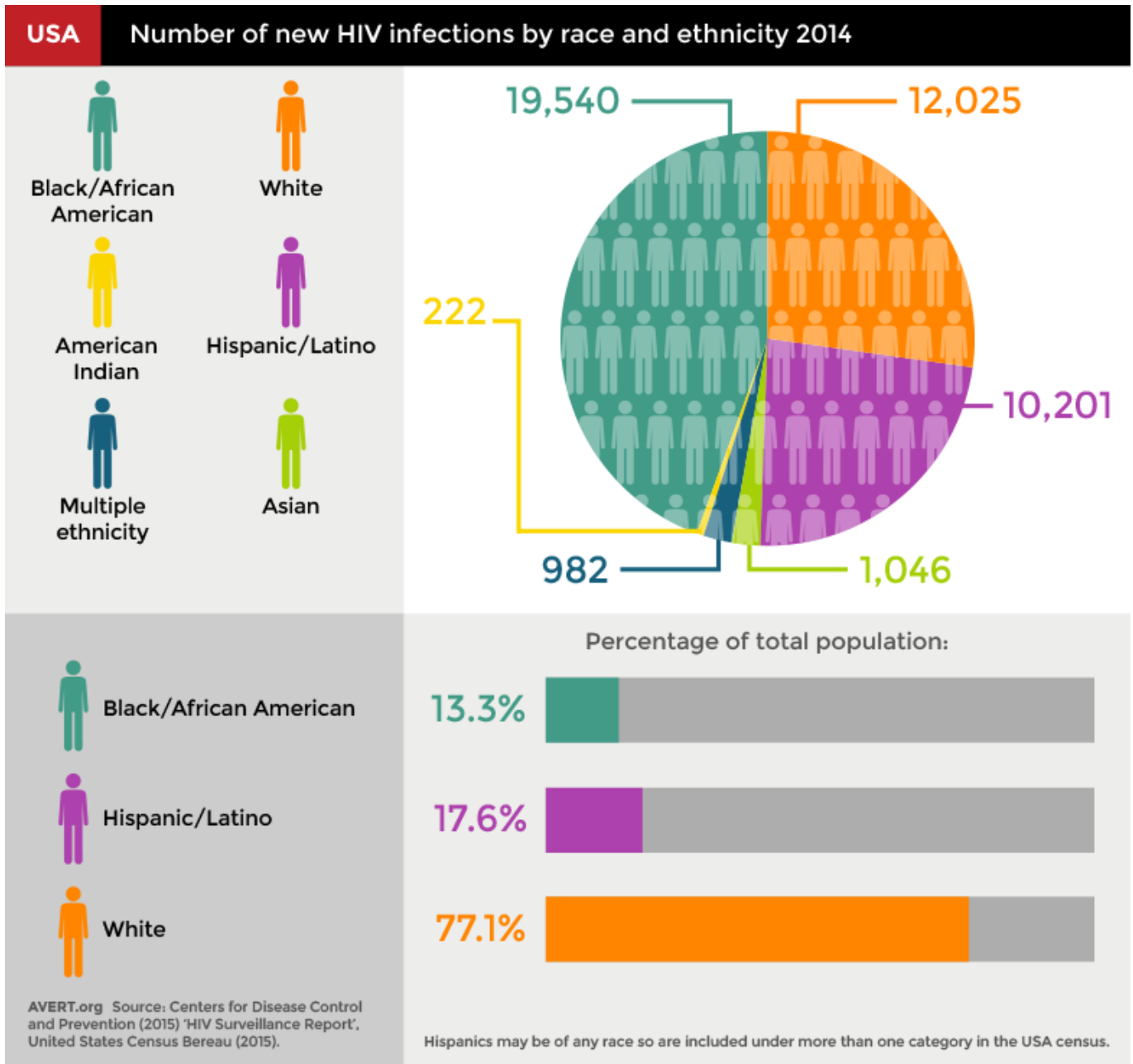
In 2017, as part of the *Act Against AIDS* initiative, CDC launched *Doing It*, a national campaign designed to motivate all adults to get tested for HIV and know their status. The campaign aims to normalise HIV testing so that it becomes part of everyone's regular health routine.⁴⁶

HIV prevention programmes in the USA

In 2014, an estimated 37,600 people became newly infected with HIV.⁴⁷

In an attempt to advance high-impact HIV prevention across the USA, the CDC created a new prevention fund cycle for US\$339 million. Running from 2012 and 2017, these grants will be awarded to health departments that can demonstrate that they are providing HIV prevention services to those with the greatest need. To be eligible, services also have to show that they use an approach that combines behavioural, medical and structural HIV prevention strategies.⁴⁸

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Condom availability and use

One of key requirements for health departments receiving CDC prevention funding was to establish and maintain condom distribution programmes for people with HIV and people at high risk of acquiring it. Between 2012 and 2014, the programme distributed over 248 million condoms.⁴⁹

Despite this, CDC reports a long-term decline in condom use among men who have sex with men, from as early as 2005 among some groups of men who have sex with men.⁵⁰ The greatest increase in sex without condoms was seen in young men, aged 18 to 24 (see 'MSM section above').⁵¹

HIV and sex education

The status of sexual health education varies substantially throughout the USA and is insufficient in many areas.⁵²

In most states, fewer than half of high schools teach all 16 topics CDC recommends for effective sex education. Many also argue that sex education is not starting early enough.⁵³ The percentage of US schools in which students are required to receive instruction on HIV prevention is decreasing,

from 64% in 2000 to 41% in 2014.[54](#)

Conservative support for abstinence only sex education in the USA has also been a major barrier to progress, and has been shown to be associated with increased HIV rates among adolescents.[55](#) President Obama eliminated three quarters of the budget for abstinence-only sex education in 2009, which had previously received the majority of funding.[56](#) [57](#) However, funding for abstinence-only sex education began to rise again in the following years and stood at US \$85 million in 2016.[58](#)

As of 2018, 37 states require that information on abstinence be provided, 26 of which require for abstinence to be emphasised, with the 11 remaining states requiring that abstinence is covered. In contrast, only 12 states require discussion of sexual orientation. Of these, 9 states require that discussion to be inclusive, while 3 only allow negative information on sexual orientation to be discussed.[59](#)

HIV prevention campaigns

The CDC leads on campaigns that aim to take the taboo out of HIV. Specifically, the 'Act Against AIDS' campaign has many strands that target different population groups. The most recent include:

The *Start Talking. Stop HIV* campaign, launched in 2014. This seeks to reduce HIV infections among gay men and other men who have sex with men by encouraging open discussion between sex partners and friends about a range of HIV prevention strategies.

The *Let's Stop HIV Together* campaign, which raises awareness about HIV and its impact on the lives of all Americans. It aims to address stigma by showing that people with HIV are mothers, fathers, friends, brothers, sisters, sons, daughters, partners, wives, husbands, and co-workers. This campaign also runs in Spanish as *Detengamos Juntos el VIH*.[60](#)

Preventing mother to child transmission

Mother to child transmission of HIV continues to decline in the USA, but rates remain higher among African American/black women and their infants.

CDC recommends HIV testing for all women as part of routine prenatal care and has developed a [framework](#) to guide federal agencies and other organisations in their efforts to reduce the rate of mother to child transmission to less than 1% among infants born to women with HIV.[61](#)

In 2012, an estimated 181 infants acquired HIV at birth, which is equivalent to 4.6 HIV cases per 100,000 live births. This reflects a 28% reduction in the rate of mother to child transmission from 2008 to 2012. In 2015, CDC reported it is on course to further reduce mother to child transmission rates by a 25%.[62](#)

Harm reduction in the USA

Key harm reduction interventions - including needle and syringe programmes (NSP) and opioid substitution therapy (OST) - are available in the USA. Progress on harm reduction has been driven by concerted and persistent pressure from people who use drugs and other HIV, health and human rights activists but is inconsistent across the country as a whole.

As of 2016, 244 NSPs were operating across the USA, representing a 25% increase from 2014.[63](#) This increase has been driven by increasing concerns about the spread of HIV in non-urban communities linked to opioid misuse, following an outbreak of HIV in Indiana in 2015.[64](#)

Strict drug law enforcement acts as a deterrent from accessing NSPs for many people, whilst also

increasing the country's prison population. For example, a national survey of NSPs found half reported their clients experienced police harassment on at least a monthly basis.[65](#)

As a result of these barriers, in 2015 an average of 50 syringes were distributed per person who injects drugs, and only 35% of people who inject drugs are estimated to have used sterile equipment in the past 12 months.[66](#)

According to the most recent data, 382,237 people are enrolled in OST in the USA. The number of private, for-profit facilities providing methadone has been increasing, with 60% of people who received methadone in 2012 receiving it from this type of facility.[67](#)

Prior to the 2016 election, experts reported signs of growing government support for harm reduction. However, President Trump announced in March 2018 a move away from harm reduction in favour of an approach to drug use that prioritises punishment rather than treatment, even proposing to introduce the death penalty for those found selling drugs.[68](#)

Pre-exposure prophylaxis (PrEP) in the USA

Pre-exposure prophylaxis (PrEP), where HIV-negative people can take treatment before exposure to HIV to prevent infection, has been recommended in the USA since 2012 for people at ongoing substantial risk of HIV infection. This includes HIV-negative people in a sexual relationship with a person living with HIV, people who inject drugs, and men who have sex with men who do not consistently use condoms.[69](#)

A survey of retail pharmacies by Gilead Sciences found more than 79,000 people in the USA started Truvada-based PrEP between early 2012 and the end of 2015. Of these, 60,872 were men and 18,812 were women. However, this is likely to be an underestimate of PrEP users as the survey did not include people who receive PrEP through the Medicaid system or via private PrEP programmes.[70](#)

It is estimated that increasing PrEP coverage in the USA could prevent around 48,000 new infections within five years, and up to 185,000 new infections in the same period if increased coverage were combined with expanded testing and treatment.[71](#) However, a 2015 survey found 34% of primary care doctors and nurses in the USA were unaware of PrEP and so were not offering it to people at risk of HIV.[72](#)

In 2015, the CDC launched a new initiative to increase PrEP implementation in the USA. As part of [Project PrIDE](#) (PrEP, Implementation, Data2Care, and Evaluation), the CDC pledged to support 12 health departments in running PrEP demonstration projects aimed at Men of colour who have sex with men and transgender people.[73](#) The programme will run over three years, in the view to assess whether PrEP could be scaled up and used in other areas too.[74](#)

Antiretroviral treatment in the USA

In December 2014, the USA released guidelines recognising the benefits of early treatment for someone living with HIV, as well as the benefits treatment can have on preventing HIV being transmitted to others.[75](#)

Despite this, for every 100 people living with HIV in the USA in 2014, only 62 initiated care treatment, 48 were retained in care, and 49 achieved viral suppression.[76](#)

More people in HIV care are accessing antiretroviral treatment (ART), increasing from 89% in 2009 to 94% in 2013. However treatment outcomes vary across different ethnic groups, fewer African American/black people than Hispanics and white people were on ART and fewer had a suppressed

viral load in their most recent viral load test results. African American/black people are also less likely to have sustained viral suppression over time and to experience longer periods with viral loads at a level that increases their risk of transmitting HIV.⁷⁷

Young people living with HIV are the least likely out of any age group in the USA to be linked to care and have a suppressed viral load. This is thought to be due to HIV-related stigma leading to low rates of testing among this age group. In 2012, the Kaiser Family Foundation ran a survey which found that 84% of people aged 15 to 24 said there is stigma around HIV in the United States.⁷⁸

In 2013, the USA launched the HIV care continuum initiative. This aims to help health systems across all states identify individuals who have dropped out of care. In an effort to re-engage these people the initiative will enlist the help of non-traditional care providers such as community based organisations.⁷⁹

In 2010, thousands of additional people living with HIV in the USA were enrolled in comprehensive health insurance through the implementation of the Affordable Care Act.⁸⁰ A 2014 study by the Kaiser Family Foundation suggests many people have used the systems established under the Act to find more affordable and comprehensive health insurance coverage.⁸¹ In fact, Medicaid was the largest source of insurance coverage for people with HIV in 2014, estimated to cover more than 40% of people with HIV who were accessing care.⁸²

[President Trump](#) has taken steps to weaken the [Affordable Care Act](#) since coming to power. As a result, people with long-term chronic conditions such as HIV are likely to see their health insurance costs rise.⁸³

Case Study: Ponce de Leon Center - Atlanta, Georgia.

Ponce de Leon in Atlanta, Georgia is one of the largest out-patient HIV clinics in the USA. It serves a community of some of the most vulnerable populations in the country, most of whom live in poverty and are either uninsured or underinsured.⁸⁴

The clinic is leading the way in providing comprehensive co-located services for patients with HIV. It offers financial counselling, support around mental health and substance misuse, as well as nutritional and acute care along with other services. The clinic is able to provide a more holistic approach to supporting patients - not only providing treatment but also helping them to stabilise their lives in other respects too. Michael Sidibe, Executive Director of UNAIDS, described the clinic as having a “best practice approach that is saving lives”.⁸⁵

Civil society’s role in the USA

Freedom of expression in the USA has meant that political activism has been a key part of the country’s HIV response since the very beginning.

In the early days of the response, HIV activism was closely associated with gay communities in USA and other industrialised Western nations. To some extent, grassroots activism in many parts of the USA has declined as antiretroviral treatment became more available in the late 1980s and the early 1990s. During the early 1990s, activists began to channel their engagement less into activism and more into providing HIV prevention and treatment programmes for people most affected by HIV.⁸⁶ However, concerns over the rollback of sexual and reproductive health rights and rights for people

who are lesbian, gay, bisexual, transgender and intersex (LGBTI) under President Trump has seen a resurgence of activism in recent years.⁸⁷

Barriers to the HIV response in the USA

Addressing stigma and discrimination around HIV is a major challenge for the USA, including misconceptions about how HIV is transmitted.

In 2013, the Global Network of People living with HIV (GNP+) launched the USA Stigma Index as a way for people living with HIV to document experiences of stigma and discrimination and mobilise communities to act to tackle the issue. As of 2018, only findings from Michigan were published. These found 80% of respondents experienced negative feelings of self-blame and guilt about being HIV positive, 73% experienced at least one form of social discrimination, and 20% experienced at least one form of institutional discrimination, predominately related to healthcare, housing, and insurance access.⁸⁸

Uneven healthcare provision is also a major barrier to effective services, with the quality of HIV prevention and care received varying greatly across the country depending on location and socio-economic group. People of colour in the South experience the worst clinical outcomes after being diagnosed with HIV. Factors that contribute towards this include poverty and poor access to healthcare relative to the rest of the country.⁸⁹

Legal barriers

Legislation has contributed to the improvement of the lives of those living with HIV and AIDS in the USA. This culminated in 2010 when President Obama lifted the ban on entry into the country for all HIV-positive people.

An analysis by CDC and Department of Justice researchers found that, by 2011, a total of 67 laws explicitly focused on persons living with HIV had been enacted in 33 states.⁹⁰ Many of these convictions have occurred against people for spitting or biting, despite these not being routes of HIV transmission.⁹¹ Convictions under these laws, when combined with Canadian convictions, total more than the entire number of convictions made in the rest of the world.

The rollback of certain LGBTI rights in 2017, coupled with increasing political conservatism is also acting as a barrier to the HIV response. For example, The Washington Post reported that the Trump administration is prohibiting officials at CDC from using a list of seven terms in official documents being prepared for the 2019 budget. These include 'transgender', 'fetus' and 'evidence-based'.

“Language shapes our map of the world. If 'transgender' ceases to exist as a term in official government documents, we, too, begin to vanish. It is easier for a cisgender administrator, who we might hope to have as an ally, to forget about our concerns when the government mandates that we be forgotten ourselves.” - Gabrielle Bellot, writer and transwoman from New York.⁹²

Funding for the HIV response in the USA

Funding for the HIV response has increased significantly over the course of the epidemic. Primarily, this growth has been driven by increased spending on mandatory domestic care and treatment programmes, as more people are living with HIV in the USA, as well as by greater investments to combat HIV in low and middle-income countries.⁹³

In May 2017, President Trump released his first federal budget request for the 2018 financial year, which included an estimated US\$32 billion for combined domestic and global HIV efforts. The proposal signalled a decrease in funding for HIV of US\$834 million, or 2.5%. Most of the cuts were made to the USA's global spending for the HIV response (a US\$1.2 billion or 18% decline). Domestic discretionary programmes faced a US\$789 million or 10% reduction, although mandatory funding was set to increase.⁹⁴ The budget was rejected by Congress and spending remained at levels similar to the 2017 financial year.⁹⁵

President [Trump's proposed budget for the 2019](#) financial year, submitted in February 2018, again suggests spending cuts. This includes cutting US\$40 million from CDC's HIV prevention programme, and US\$26 million from a federal housing programme for people living with AIDS. It also includes cutting global HIV programmes by US\$1 billion. Again, it is thought the president's budget is [unlikely to be accepted by Congress in its current form](#).⁹⁶

In December 2017, 38 advocacy organisations signed an open letter expressing “profound concern about the direction the Executive Branch appears to be taking the global response to the HIV/AIDS epidemic”. The letter was released shortly after a report by the ONE Campaign which found the proposed funding reductions are likely to reduce the global number of people added to treatment each year by a third and trigger a resurgence of the epidemic.⁹⁷

The future of HIV in the USA

“The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”- *The US National HIV/AIDS Strategy's mission statement*⁹⁸

In order to break the cycle of transmission among key affected populations in the USA, increasing the impact of targeted HIV prevention and treatment campaigns towards people in these groups is vital. Expanding access and uptake to HIV testing, and increasing the number of people who are aware of their status and who are using condoms, will also go a long way to controlling the epidemic in the USA.

However, unless the complex set of economic and socioeconomic factors that drive these group's risks to HIV are addressed – including discrimination, stigma and poverty – it is likely that HIV will continue to disproportionately affect men who have sex with men, African Americans/black people, Latino/Hispanic men, transgender women, prisoners and people who use drugs.

If sanctioned, the proposed budget cuts to HIV spending will undermine important progress in preventing and treating HIV, both within the USA and across the globe. In addition, the rollback of certain LGBTI rights and inadequate sex education may help HIV-related stigma, already so damaging to America's HIV response, grow and thrive.

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