

AIDS Foundation OF CHICAGO

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The Value of HIV Prevention

The need for strong HIV prevention services is as critical now as it has ever been at any time in the epidemic. Currently, 1,600 Illinoisans are infected with HIV each year with a devastating impact to their lives, their families and the public health infrastructure in our state. While recent medical advances have dramatically improved survival for thousands of HIV-positive people with access to the life-saving therapies, the number of new infections has not declined. As such, more people than ever before are living with HIV/AIDS and needing medical and support services for longer periods of time. In addition, high rates of HIV in Illinois increase the likelihood of risky behaviors resulting in transmission.

Investments in HIV prevention that result in transmission reductions have direct and compelling benefits for affected individuals, communities, and society as a whole. Prevention efforts will reduce state healthcare expenditures and result in improved health outcomes for affected populations and subsequent increases in productivity. Outlined below are key findings from research and information compiled by the National Alliance of State and Territorial AIDS Directors.

HIV Prevention Reduces Rates of New Infections:

The decline of newly reported HIV cases throughout the 1980s and early 90s is proof that HIV/AIDS prevention programs do indeed work. Throughout much of the 1980s, more than 100,000 people in the U.S. were infected annually. After substantial increases in funding for HIV prevention programs in the 80s, the annual incidence of HIV infection dropped sharply and by the early 1990s the annual rate declined to 40,000. Since then, the infection rate has remained relatively stable at about 40,000 new HIV cases per year. However, federal funding for prevention programs also remained constant, with adjustments for inflation outstanding, during this period while the population at risk grew significantly larger. It should come as no surprise that given the lack of substantial new resources for domestic HIV prevention the number of new cases has remained steady and not continued to decline.

Prevention is Less Expensive than a Lifetime of HIV/AIDS Care & Treatment:

As the saying goes, “an ounce of prevention is worth a pound of ?cure?.” In terms of HIV/AIDS prevention and treatment, this is truly the case. The estimated lifetime cost of care and treatment for just one individual with HIV is approximately \$195,000. This figure will increase with the rising costs of medication and hospital care. Advances in HIV/AIDS drugs that allow individuals to live longer with the disease will also increase the lifetime cost of care. A study done at the University of Alabama at Birmingham found that treatment costs more than double when a HIV positive patient progresses to

full-blown AIDS, from an average of \$14,000 to over \$34,000 per year per patient. Another cost associated with HIV/AIDS is the loss of earnings due to premature death from AIDS. One study estimated that from the first 10,000 AIDS cases in the U.S., the average cost of work lost equaled \$480,000 per death, or \$4.6 billion total.

HIV Prevention Programs Save Money:

In a recent cost-benefit analysis of HIV prevention programs, researchers found that the enormous lifetime costs of caring for an HIV-infected individual are far greater than the funding needed to reach that same individual with prevention messages. The study, conducted by researchers from Emory University, the Medical College of Wisconsin, and the Yale School of Medicine found that even a greatly expanded HIV prevention program in the U.S. could pay for itself through savings in averted medical care costs.

HIV prevention interventions targeted at high-risk populations have a greater effect on the number of new infections prevented. In populations with HIV prevalence of 10-15% (injection drug users or young gay men in certain areas) \$1 million will prevent about 100 new infections. Another study showed that \$1 million spent on HIV prevention will save \$2.7 million in medical care. Nationwide, adding \$500 million to HIV prevention targeted to high-risk groups would yield total medical care savings of \$1.25 billion.

HIV Prevention is Not Just About Condoms and Education:

Many people do not realize how many components there are to HIV/AIDS prevention. The majority of CDC's HIV/AIDS funding is directed toward the 65 prevention and surveillance cooperative agreements with state and local health departments; directly-funded community/national/regional organizations; and research, surveillance, analysis, technical assistance and program support. According to the CDC, a comprehensive state or local health department HIV prevention program includes the following components:

- HIV counseling, testing, partner counseling and referral;
- HIV prevention community planning;
- Epidemiologic and behavioral HIV/AIDS surveillance;
- Health education and risk reduction activities;
- Easy access to diagnosis and treatment of other sexually transmitted diseases;
- School-based education efforts for youth;
- Public information programs;
- Quality assurance and training;
- Laboratory support;
- HIV prevention capacity-building activities;
- Evaluation of major program activities, interventions and services; and
- Plan to provide HIV prevention technical assistance to grantees.

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