



January 17, 2023

Dear Grantee:

The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) encourage public health partners to implement status neutral approaches to HIV care and prevention. Status neutral service provision is an example of a syndemic approach to public health, weaving together resources from across infectious disease areas and incorporating social determinants of health to deliver whole-person care, regardless of a person's HIV status. Thanks to a robust toolbox that includes antiretrovirals for prevention such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as well as for treatment [Treatment as Prevention (TasP) or Undetectable= Untransmittable (U=U)], and syringe service programs (SSPs), there are more tools than ever to prevent HIV. However, to realize the full potential of these tools, we need to ensure they can be accessed by every person who could benefit from them by removing barriers to services. Employing a status neutral approach and providing comprehensive care for all people, regardless of HIV status, can help reduce HIV stigma, prioritize health equity, and turn the tide on HIV-related disparities.

Historically, HIV care has often focused on specific service categories based on a person's HIV status rather than providing comprehensive services that everyone needs to get and stay healthy. A status neutral approach:

- Creates “one door” for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating prevention and care rather than supporting separate systems, which can deepen the divide between people with HIV and people who can benefit from HIV prevention services.
- Enables people to know their status by making HIV testing and subsequent actions more accessible and routine.

Furthermore, a status neutral framework encourages a comprehensive, whole-person assessment of a person's unique situation, allowing for more tailored—and therefore likely more successful—interventions.

To meet national HIV prevention goals and advance health equity, CDC and HRSA HAB recognize the importance of adopting new and innovative ways of delivering HIV prevention and care services to all who could benefit from them. This involves reframing how we think about and complement traditional HIV service models to better reach people where they are with services they need, regardless of HIV status with the goal of optimizing their health and quality of life. Implementing a status neutral framework does not require an overhaul of existing care systems. For example, incorporating status neutral approaches could include:

- Implementing HIV prevention and treatment activities in places where people seek other health services, such as sexual health services, mental health and recovery services, and transgender care.
- Making it easy for people to access care in alternative, convenient health care settings that do not require an appointment, like pharmacies and mobile health units.

For more details on how jurisdictions across the country are integrating a status neutral approach into their HIV care services, we encourage you to review [CDC's issue brief on status neutral HIV care](#).

CDC and HRSA HAB support the use of braided funding to reduce barriers to implementation and to help extend the reach of status neutral services. Beyond CDC and HRSA, it is important to look across public and private funding streams to identify ways to also braid other funds into service delivery to achieve a more robust status neutral suite of services where feasible and appropriate. This funding approach can also increase programmatic efficiency. CDC encourages grantees to request technical assistance, if needed, on how best to braid funding from different sources.

To request technical assistance from CDC on the implementation of status neutral services:

- CDC's directly funded health department and CBO partners may request technical assistance support by submitting a request in the [CBA Tracking System](#).
- Organizations not directly funded by CDC may [contact](#) their local health department for assistance in submitting a training request.
- For additional questions or assistance, partners may contact HIVCBA@cdc.gov.

Since HRSA's Ryan White HIV/AIDS Program (RWHAP) legislation provides grant funds to be used for the care and treatment of *people diagnosed with HIV*, thus prohibiting the use of RWHAP funds for medical services for HIV-negative clients who are at substantial risk for HIV, HRSA HAB encourages recipients to leverage the existing RWHAP infrastructure, such as risk reduction counseling and targeted HIV testing and referral, to support a status neutral approach within the parameters of the RWHAP legislation.

Similarly, HRSA's Bureau of Primary Health Care (BPHC) supports health centers to deliver comprehensive, culturally competent, high-quality primary health care services to systemically marginalized communities, including more than 200,000 people with HIV each year. HRSA BPHC encourages health centers to utilize Health Center Program funding to expand access to medication to prevent HIV (including PrEP and related services), connect people to care, and ensure services are well coordinated. Grant recipients can leverage BPHC resources and the health center network to promote, adopt, and optimize status neutral approaches while expanding access to high-quality, primary care for the communities they serve.

HRSA BPHC supported health centers seeking additional information on HIV care and treatment best practices – including how to implement a status neutral approach– can leverage the following training and technical assistance (T/TA) resources:

- HRSA's [National Training and Technical Assistance Partners \(NTTAPs\)](#) provide free national-level T/TA to support existing and potential health centers to improve operations and deliver comprehensive primary care services for special and vulnerable populations.
- The [Health Center Resource Clearinghouse](#) provides an up-to-date selection of high-quality TA resources relevant to health centers.
- HRSA's State/Regional Primary Care Associations (PCAs) provide T/TA based on statewide and regional needs to help health centers improve programmatic, clinical, and financial performance and operations.

HRSA and CDC are committed to developing and sharing status neutral [training opportunities](#), [resources](#), and tools for partners and grantees, and we look forward to continued collaboration on this effort.

Sincerely,

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