

NATIONAL HIV/AIDS STRATEGY



2024 Progress Report

National HIV/AIDS Strategy for
the United States 2022–2025



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VISION ★ ★ ★ ★ ★

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

FOREWORD

Through collaborative efforts at community, state, tribal, and federal levels, the United States continues to make important though incremental progress in ending HIV transmission and improving health outcomes and quality of life for people with HIV.

This Progress Report encapsulates just some of the accomplishments spanning the 10 federal departments working to advance the [National HIV/AIDS Strategy for the United States, 2022–2025 \(NHAS\)](#) and its accompanying [Federal Implementation Plan](#). It underscores the strides we have made as a nation, while reminding us that we must remain steadfast to ensure that every community shares in these gains.

Prevention is a vital pillar in ending the HIV epidemic, which begins with comprehensive screening and testing. This year, several agencies in partnership with community organizations and businesses have bolstered testing across the nation. Higher testing also leads to increased referrals for PrEP, a medication that can prevent HIV. Further reinvestments to guarantee all persons can learn their HIV status and take appropriate medical decisions to prevent or treat HIV remain a top priority.

The Centers for Disease Control and Prevention (CDC) reports that more than one-half of the nearly 1.1 million people living with diagnosed HIV in the United States are aged 50 and older.¹ Long-term and lifetime survivors of HIV face unique challenges, often requiring complex health support services. Mental health, substance use, social isolation, and social determinants of health (SDOH) are also critical concerns. Factors such as food or housing instability and unemployment represent critical opportunities for continued work, the foundations of which may be found among agency successes in this Progress Report.

The United States continues to make important though incremental progress in ending HIV transmission.

Continued efforts must optimize syndemic models to accelerate progress; breakthroughs in HIV treatment and prevention reciprocally serve as advancements in general health and well-being.

We also must continue to address interconnected syndemics. Data showcasing a nearly 80% rise in U.S. syphilis cases between 2018 and 2022 highlights one pronounced example.² Co-infection between HIV, syphilis, and other sexually transmitted infections (STIs) is common, with the presence of one disease increasing the chances of getting or transmitting another. However, initiatives combining PrEP, PEP, and DoxyPEP services can work to reduce this risk. Outlined in both the NHAS and the [Sexually Transmitted Infections National Strategic Plan for the United States, 2021–2025](#), continued efforts must optimize syndemic models to accelerate progress; breakthroughs in HIV treatment and prevention reciprocally serve as advancements in general health and well-being.

¹ Table 15a. Persons living with diagnosed HIV infection, by year and selected characteristics, 2018–2022 – United States. Centers for Disease Control and Prevention. *HIV Surveillance Report, 2022*; vol. 35. <http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>. Published May 2024.

² Centers for Disease Control and Prevention. *Sexually Transmitted Infections Surveillance 2022*. www.cdc.gov/std/statistics/2022/default.html

Coordination must be viewed in a similar light, both across federal agencies and between government and community. Especially in an increasingly interconnected world, we must look toward successes of HIV work from around the globe as potential opportunities, including U=U (“[Undetectable = Untransmittable](#)”) campaigns. With more than 1,000 official partners in 105 countries, U=U simplifies the science to a lifesaving message: A person living with HIV who is on treatment and maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners.³ This will also require us to augment our efforts to ensure those people with HIV are connected to and retained in care.

U=U

Undetectable = Untransmittable

A person living with HIV who is on treatment and maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners.

Efforts are under way to shift the narrative around HIV and confront discrimination, stigma, and criminalization both nationally and globally. However, realizing the full potential of these efforts requires addressing the intersecting challenges faced by key populations. Modernizing HIV criminalization laws and policies to reflect current scientific knowledge is essential to creating an environment where individuals feel supported in learning their HIV status and accessing care without fear.

Future progress is predicated on effective coordination grounded in accountability, trust, and the intentional, ongoing engagement of people with HIV and experiencing risk for HIV. These elements are essential to advancing outcomes, and this Progress Report is intended to serve as a step toward deeper communication and collaboration. By sharing both areas of progress and opportunity, we aim to honor our promise in advancing this work with clarity, purpose, and transparency. To all readers, it is my hope that this report not only illuminates the trajectory of our collective efforts but also inspires future action. Together, let’s celebrate the unwavering determination and contributions of those who have driven this progress forward — *iAdelante!*

—Francisco Ruiz, Director, Office of National AIDS Policy, The White House



³ Centers for Disease Control and Prevention. Undetectable = Untransmittable. <https://www.cdc.gov/global-hiv-tb/php/our-approach/undetectable-untransmittable.html>. Accessed October 2024.

INTRODUCTION

This report provides an overview of progress toward achieving the goals of the [National HIV/AIDS Strategy for the United States 2022–2025](#).

Published in December 2021, the NHAS is the third iteration of a roadmap guiding federal and nonfederal partners engaged in efforts to end the HIV epidemic in the United States. The NHAS outlines goals, objectives, and strategies to prevent new infections, treat people with HIV to improve health outcomes, reduce HIV-related disparities, and better integrate and coordinate the efforts of all partners to achieve the bold targets for ending the epidemic. The NHAS also identifies eight populations disproportionately affected by HIV. Focusing efforts on these priority populations will reduce the HIV-related disparities they experience, which is essential if the nation is to succeed on the path toward ending the HIV epidemic. Another key feature is eight core indicators of progress and a disparity indicator stratified by priority populations to measure progress toward the goals. The associated [NHAS Federal Implementation Plan](#) outlines federal partners' (see Appendix A) commitments to policies, research, and activities during fiscal years (FYs) 2022–2025 to meet the NHAS goals, pursuant to their respective missions, funding, and resources. Building on the NHAS, the Federal Implementation Plan introduced five additional indicators of progress focused on quality of life among people with HIV.

This report includes the following information:

- **At-a-glance table of overall progress on the NHAS indicators based on 2022 data, the most recent available data**
- **Highlights of federal actions undertaken during 2024**

This report may introduce readers to some new resources or opportunities, provide examples to adapt for their own use, and encourage additional innovation or collaboration.

The *National HIV/AIDS Strategy for the United States 2022–2025* (NHAS) is designed to achieve four goals:



GOAL 1

Prevent New HIV Infections



GOAL 2:

Improve HIV-Related Health Outcomes of People with HIV



GOAL 3:

Reduce HIV-Related Disparities and Health Inequities



GOAL 4:

Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties


OVERALL PROGRESS ON NATIONAL HIV/AIDS STRATEGY INDICATORS









The NHAS established eight core indicators to measure progress on meeting its goals. One of the core indicators—viral suppression—is stratified to measure progress toward reducing disparities. In addition, five indicators are focused on quality of life among people with HIV. The indicators were selected to measure national progress on HIV prevention and care based on the available data and in alignment with other national plans, for example, [Healthy People 2030](#). The table below presents overall progress for each indicator toward its 2025 goal. For each indicator, the table features its 2017 baseline data, its 2025 goal, and the actual 2022 data. For detailed information, please review the CDC report, [National HIV Progress Report, 2024](#).

Progress toward 2025 National HIV/AIDS Strategy Indicator Goals as of 2022, United States⁴

 On track to meet goal.

 Making progress, but progress will need to accelerate to meet goal.

 Has not changed or has moved away from goal.

Indicator	Baseline 2017 data year*	2022 data year	2025 goal	Status toward 2025 goal
1: Increase knowledge of status to 95% ^{a,b}	85.8%	87.2%	95%	
2: Reduce new HIV infections by 75% ^{a,b}	37,000	31,800	9,300	
3: Reduce new HIV diagnoses by 75% ^{a,c}	38,351	37,601	9,588	
4: Increase PrEP coverage to 50% ^d	—	—	—	
5: Increase linkage to care within 1 month of diagnosis to 95% ^{a,e}	77.8%	81.6%	95%	
6: Increase viral suppression among people with diagnosed HIV to 95% ^{a,e}	63.1%	65.1%	95%	
6a: Increase viral suppression among MSM with diagnosed HIV to 95% ^{a,e}	66.1%	67.9%	95%	
6b: Increase viral suppression among Black MSM with diagnosed HIV to 95% ^{a,e}	58.4%	61.8%	95%	
6c: Increase viral suppression among Latino MSM with diagnosed HIV to 95% ^{a,e}	64.9%	66.7%	95%	

⁴ Annual targets for each indicator have been established by CDC to measure progress. “On track to meet goal” is based upon meeting or exceeding these annual targets. Please consult the full report for additional information.

Indicator	Baseline 2017 data year*	2022 data year	2025 goal	Status toward 2025 goal
6d: Increase viral suppression among American Indian/Alaska Native MSM with diagnosed HIV to 95% ^{a,e}	67.3%	67.9%	95%	→
6e: Increase viral suppression among Black women with diagnosed HIV to 95% ^{a,e}	59.3%	62.1%	95%	→
6f: Increase viral suppression among transgender women in HIV medical care to 95% ^{a,f}	80.5%	86.0%	95%	→
6g: Increase viral suppression among people who inject drugs diagnosed with HIV to 95% ^a	54.9%	54.8%	95%	×
6h: Increase viral suppression among youth aged 13–24 years with diagnosed HIV to 95% ^a	57.1%	65.6%	95%	→
7: Decrease stigma among people with diagnosed HIV by 50% ^{a,g,h}	31.2	29.3	16	→
8: Increase the median percentage of secondary schools that implement at least 4 out of 7 LGBTQ-supportive policies and practices to 65% from a 2018 baseline of 59.8% ^{a,i}	59.8%	—	65%	
9: Increase self-rated health (good or better) among people with diagnosed HIV to 95% ^{a,h}	71.5%	69.9%	95%	×
10: Reduce unmet need for mental health services from a mental health professional among people with diagnosed HIV by 50% ^{a,h,j}	24.2%	26.8%	12%	×
11: Reduce hunger/food insecurity among people with diagnosed HIV by 50% ^{a,h}	21.1%	18.6%	11%	→
12: Reduce unemployment among people with diagnosed HIV by 50% ^{a,h}	14.9%	11.3%	7%	→
13: Reduce unstable housing or homelessness among people with diagnosed HIV by 50% ^{a,h}	21.0%	17.9%	11%	→

Abbreviations: PrEP, pre-exposure prophylaxis; MSM, gay, bisexual, and other men who have sex with men; Em dash [—] denotes data not available; LGBTQ, lesbian, gay, bisexual, transgender, queer; NHAS, National HIV/AIDS Strategy [footnotes only]; CDC, Centers for Disease Control and Prevention [footnotes only].

Notes: Information on National HIV/AIDS Strategy (2022–2025) can be found at <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/>.

^a Baseline year is 2018 for indicators 7, 8, 9, and 13.

^a Baseline data for NHAS indicators, published at <https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>. Baseline data for Quality of Life indicators, published at: https://files.hiv.gov/s3fs-public/2022-09/NHAS_Federal_Implementation_Plan.pdf.

^b CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report* 2024;29(1). <https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html>. Published May 2024.

^c CDC. *HIV Surveillance Report, 2022*; vol. 35. <http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>. Published May 2024. Persons ≥13 years only.

^d PrEP coverage reporting has been paused in order to update the data and methodology. Therefore, progress toward the goal cannot be analyzed at this time.

^e CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. *HIV Surveillance Supplemental Report* 2024;29(2). <https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-outcomes.html>. Published May 2024.

^f Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Data Report 2022*. ryanwhite.hrsa.gov/data/reports. Published December 2023; 2017 baseline data can be found at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2017.pdf>.

^g Median value.

^h CDC. Behavioral and clinical characteristics of persons with diagnosed HIV infection—Medical Monitoring Project, United States, 2022 Cycle (June 2022–May 2023). *HIV Surveillance Special Report* 36. <https://www.cdc.gov/hiv-data/mmp/behavioral-clinical-characteristics-pwh.html>. Published July 2024.

ⁱ Changes in questionnaire variables and methodology have resulted in data inconsistencies across the survey’s biennial reporting years. Therefore, progress toward the goal cannot be analyzed at this time.

^j Calculated among persons who indicated needing mental health services.

FEDERAL AGENCY 2024 NHAS IMPLEMENTATION HIGHLIGHTS

The [NHAS Federal Implementation Plan](#) outlines federal partners' commitments to policies, research, and activities during FY 2022–2025 to meet the NHAS goals, in alignment with their respective missions, funding, and resources. This section provides high-level progress updates on select actions by federal partners during CY 2024. Appendix C lists abbreviations used in this report.



GOAL 1: PREVENT NEW HIV INFECTIONS

Agency	Progress Update
BOP	<ul style="list-style-type: none">Changes to the BOP electronic health record (EHR) to enable automation for scheduling of opt-out HIV testing at intake have been coded and are in the queue for programming (pending additional funding for upgrades). EHR automation will support achieving a target of offering HIV testing to at least 95% of all people in BOP custody. As of October 2024, 90.8% of patients in BOP custody have been offered HIV testing and 85.8% have consented to screening for HIV.
CDC	<p>CDC initiated the Together TakeMeHome (TTMH) HIV self-test program with a goal of distributing 150,000 tests per year, which was promoted by CDC's Let's Stop HIV Together campaign. In the first full year of the program (from March 2023 through March 2024), TTMH distributed 443,813 HIV self-tests. Analysis from the program found that 24.1% of surveyed recipients had never previously received HIV testing before obtaining a TTMH kit.</p> <ul style="list-style-type: none"><i>Ending the HIV Epidemic in the U.S.</i> (EHE) funding from CDC helped connect people with HIV pre-exposure prophylaxis (PrEP)-related services through PrEP navigators, mobile units, disease intervention specialists, and educational outreach. Collectively, nearly 46,000 people were screened for PrEP in the first half of 2023, resulting in more than 2,000 being prescribed medication. As of March 2024, more than 86,000 people received services from 26 EHE-supported sexually transmitted disease specialty clinics in 16 states, including nucleic acid amplification testing (NAAT) for gonorrhea and chlamydia, which are available at each site. To accelerate this progress, CDC awarded \$9 million to 15 sexual health clinics and \$2 million for technical assistance in August 2024.

Agency	Progress Update
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CMS	<p>In September 2024, CMS started to cover FDA-approved oral and injectable PrEP under Medicare Part B without cost sharing as the result of a national coverage determination. This determination also covers related services without cost sharing, including eight HIV screenings/counseling sessions every 12 months and a hepatitis B screening. Since PrEP had previously been covered under Medicare Part D, CMS worked to reduce the risk of interruptions for beneficiaries already using PrEP by creating a website containing several resources, hosting office hours, and encouraging preparation from pharmacies and other affected parties.</p>
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DOD	<ul style="list-style-type: none"> DOD’s Defense Health Agency updated policy in March 2024 to optimize use of PrEP, supporting the health and readiness of service members. PrEP and lab services are available for all military and non-military beneficiaries who are at high risk for HIV. Standardized training for health care providers and resources for patients were developed to support implementation of this policy, including provider tool kits, fact sheets, and a PrEP resource app.
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FDA	<ul style="list-style-type: none"> FDA’s Division of Antivirals is working closely with industry and external partners to evaluate the safety of long-acting antiretroviral drugs in newborns and infants, including how the body absorbs, distributes, and removes the medication (pharmacokinetics).
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HRSA	<p>In FY 2024, HRSA BPHC awarded \$157.25 million in Primary Care HIV Prevention continuation funding to 406 health centers to support expanded access to HIV testing and prevention services in the 57 EHE jurisdictions. Additional funding was provided to seven Primary Care Associations and two National Training and Technical Assistance partners to strengthen HIV prevention through webinars, trainings, and collaborations in states with high HIV burden.</p>
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IHS	<ul style="list-style-type: none"> As of FY 2023, IHS had tested 56.6% of more than 392,000 adults and adolescents who visited an IHS facility in the past 3 years for HIV, an increase from 52.5% in the previous year. For people testing negative, several IHS EHE grantees have incorporated a status neutral approach, implementing PrEP and post-exposure prophylaxis (PEP) services to prevent HIV. IHS continues to raise awareness about PrEP, PEP, and Doxycycline (Doxy) PEP as vital components of status neutral programming, by offering trainings to build grantee capacity.
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Agency Progress Update

NIH

- In FY 2023, NIH invested more than \$184 million across 422 HIV implementation research projects, representing a 37% increase in funding and a 40% increase in the number of projects from FY 2021. A significant focus of these projects concerned the HIV cascade: improving outcomes across each stage, from testing to treatment initiation, retention, and re-engagement for people who could benefit from HIV prevention or treatment services. Several studies also examined the integration of services and interventions to address health and social conditions that commonly co-occur with HIV, including sexual and reproductive health, comorbid infections and chronic illnesses, mental health, unstable housing, and substance use. In September 2024, NIH awarded 12 new EHE awards totaling more than \$9.3 million, while continuing support for 50 ongoing projects, eight implementation science hubs, and a data coordination center. In total, these awards will support research in 41 EHE priority jurisdictions to strengthen research-community collaborations and enhance the implementation science knowledge base needed for the EHE initiative.

OASH

- The Office of Population Affairs continued to support Title X Family Planning Program providers, enabling these clinics to conduct HIV testing and linkage to care services aligned with CDC’s recommendations. The latest data, published in September 2024, indicate that Title X grant recipients continue to be an important source of HIV testing in their communities. In 2023, they conducted 984,375 confidential HIV tests, a 12% increase over the number of tests conducted in the prior year. Through those tests, 3,143 clients received a positive diagnosis and were linked to HIV care services.

SAMHSA

- In September 2024, SAMHSA awarded \$5.4 million to fund eight [Minority AIDS Initiative: Substance Use Disorder Prevention and Treatment Pilot Program](#). This program provides substance use prevention, substance use disorder (SUD) treatment, and HIV, viral hepatitis, and STI prevention and treatment services for racial and ethnic individuals vulnerable to a SUD or mental health condition, HIV, viral hepatitis, and other infectious disease. Recipients will take a syndemic approach to SUD, HIV, and viral hepatitis by providing SUD prevention and treatment to racial and ethnic individuals living with HIV and those at increased vulnerability to HIV exposure.

VA

- VA has increased its syringe services program (SSP) as connected to national harm reduction efforts, in part by reissuing [policy](#) and establishing an SSP Community of Practice. In 2024, 33 VA sites operated SSPs, with another eight operationally ready to launch. This represents a 32% increase from the 25 sites in 2023, with the total number of VA SSPs also having more than doubled since 2021.
- Between September 2023 and September 2024, PrEP utilization increased 20% across VA sites. VA also continued development of measures to address gaps in areas syndemic to HIV. Low-barrier sexual history templates designed and tested by VA providers have significantly expanded available data. A newly developed co-infection testing dashboard was used to identify gaps in HIV testing in Veterans being seen in VA Emergency Departments (EDs) for STIs; these data will be used to identify barriers to co-infection testing in VA EDs and devise potential solutions.

ENDING THE HIV EPIDEMIC IN THE U.S. PROGRESS

The National HIV/AIDS Strategy and the *Ending the HIV Epidemic in the U.S.* (EHE) Initiative are closely aligned and have the same overarching goal of decreasing new infections by 90% by 2030. The EHE Initiative is a leading component of the work by the U.S. Department of Health and Human Services—in collaboration with state, tribal, territorial, and local partners—to implement the Strategy. Launched by President Trump in 2019 and continued and expanded by President Biden throughout his administration, the EHE initiative has scaled-up four science-based strategies focused on ending the epidemic: Diagnose, Treat, Prevent, and Respond. Funded jurisdictions have made significant strides in each of these areas. Highlights of EHE progress include the following:

The EHE initiative has scaled-up four science-based strategies focused on ending the epidemic: Diagnose, Treat, Prevent, and Respond.

- In the 50 EHE counties, HIV incidence decreased 21% in 2022 compared to the 2017 baseline. In all other U.S. and Puerto Rico municipalities, HIV incidence decreased 6% (19,100 in 2017; 17,900 in 2022) during that period.
- Between 2021 and 2023, more than 61,000 people were prescribed pre-exposure prophylaxis (PrEP) in Centers for Disease Control and Prevention (CDC) EHE-funded programs. Further, with EHE funding, Health Centers funded by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care provided PrEP management services to 183,000 patients in 2021–2023.
- With EHE funding, 406 community health centers in the EHE jurisdictions have conducted a cumulative 7.2 million HIV tests between 2020 and 2023, substantially increasing the proportion of people at those health centers aware of their HIV status and identifying more than 17,500 people with a first HIV diagnosis. In addition, Indian Health Service EHE-supported sites performed more than 20,000 HIV tests, and CDC distributed more than 600,000 HIV self-tests at no cost to individuals.
- Between January 2022 and June 2024, EHE-funded public health departments reported 331 clusters to CDC. Their response to these clusters resulted in redirection of critical HIV prevention, care, and treatment resources to communities that needed them most. As part of cluster response, the test positivity rate was 10%, compared to 0.5% for other HIV testing programs, demonstrating the need for rapid intervention to help link people to HIV care and stop further transmissions.
- CDC EHE-funded programs have connected with more than 329 comprehensive syringe services programs, over half of which provide mobile services to people who use injection drugs and to others in need.
- People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load can live long and healthy lives and will not transmit HIV to their HIV-negative partners through sex. This is referred to as “Undetectable=Untransmittable” or U=U. In just Year 3 of the EHE initiative, providers receiving EHE funding from HRSA’s HIV/AIDS Bureau engaged 22,000 clients new to HIV care and treatment while re-engaging more than 19,000 clients in care. In just that 1 year, those providers brought into care 15% of the people in EHE jurisdictions who were unaware of their status or who were diagnosed but not in HIV care.
- NIH has supported 265 implementation science projects that have paired researchers with community partners to test, evaluate, and adapt HIV-related interventions in the EHE jurisdictions. [Several](#) NIH-funded EHE [projects](#) aim to identify innovative models to leverage pharmacies for HIV testing, prevention (including HIV PrEP), and care through partnerships between academic institutions and state and local leaders. This work includes advancing workforce training curricula to enable pharmacy students, pharmacists, pharmacies, and pharmacy systems to deliver the spectrum of needed HIV services with ease, equity, and effectiveness.



GOAL 2: IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV

Agency	Progress Update
ACL	<ul style="list-style-type: none">Based on an evaluation of Area Agencies on Aging and other collected data, ACL developed internal and external training materials, including a webinar on HIV for State Unit on Aging Directors and a blog in observance of HIV and Aging Awareness Day that provided examples of innovative collaborations to support people aging with HIV. <p>ACL codified people living with HIV as a population in greatest social need into the Older Americans Act (OAA) final regulations. ACL has continued to provide technical assistance about the OAA, the final rule, and aging services in the community for people with HIV through its LGBTQ Resource Center on LGBTQ+ Aging.</p>
CMS	<ul style="list-style-type: none">In FY 2024, CMS has issued new regulations and created new opportunities for state Medicaid programs to address known barriers to high-quality care for individuals with HIV. Specifically, CMS has released landmark regulations improving access to coverage and care, which have important implications for people with HIV, guidance on how states can address health-related social needs such as nutrition and housing insecurity in Medicaid and the Children’s Health Insurance Program (CHIP), and a new place of service code for street medicine that insurers can use to pay for innovative care models.Starting in 2024, CMS created new coding and payment for principal illness navigation, which pays for services for patients with a high-risk condition such as HIV or AIDS. The services involve health system navigation, person-centered planning, identifying or referring the patient or caregiver to supportive services, practitioner, home, and community-based care coordination or communication, patient self-advocacy promotion, and community-based resources facilitation. These services can be especially important to make sure that patients with HIV or AIDS do not fall through the cracks of the health care system.
FDA	<p>FDA, through its regulatory role and authority, continues to support the expansion of therapeutics for the treatment of HIV.</p> <ul style="list-style-type: none">In March 2024, FDA approved Edurant (rilpivirine, or RPV) for an expanded patient population: patients aged 2 years and older and weighing at least 14 kg. In conjunction, a new formulation, Edurant PED (RPV) tablets for oral suspension, was approved for use in patients aged 2 years and older and weighing at least 14 kg to less than 25 kg.In April 2024, FDA approved Dovato (DTG/3TC) for an expanded patient population: adolescents aged 12 years and older and weighing at least 25 kg.

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HRSA

- To advance efforts in addressing barriers that impact people’s ability to engage and remain in care, HRSA HAB released a Notice of Funding Opportunity in January 2024 titled “[Linking Eligibility Across the Ryan White HIV/AIDS Program \(RWHAP\) Parts - Dissemination Assistance Provider.](#)” This initiative aims to increase access to care for people with HIV by improving efficiencies in the Ryan White HIV/AIDS Program (RWHAP) eligibility determination and confirmation processes. In addition, during the 2024 National Ryan White Conference, HRSA HAB led the Streamlining Eligibility Across the RWHAP Institute, during which RWHAP recipients and subrecipients explored various efforts to streamline eligibility. They examined current processes, data centralization, and barriers and facilitators to determining client eligibility, with the goal of reducing both client and administrative burden while enhancing the overall customer experience.

Since the last NHAS Progress Update, HRSA HAB has added more than 25 innovations to the [RWHAP Best Practices Compilation](#) for a total of more than 100 effective innovative interventions and best practices used in the RWHAP, and other HIV-service delivery settings, to achieve optimal health outcomes for people with HIV. Each of the interventions have demonstrated effectiveness at improving client outcomes along the HIV care continuum and supports (e.g., addressing food and housing security, employment, and other sexually transmitted infections).

- In August 2024, HRSA HAB awarded two new grant programs to address quality of life and address health equity: (1) CULTIVATE: Catalyzing Unity, Leadership, and Team building through Individualized, Validating Approaches to Transformational Empowerment for People with HIV, which builds on prior programs and will support leadership development and enhance meaningful engagement for people with HIV in health care planning and programs. (2) System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups– Demonstration Systems and Evaluation and Technical Assistance Provider, which funds six demonstration systems to design, implement, and evaluate a syndemic approach to link and retain clients of racial and minority groups within their communities and improve access, engagement, and retention in care; increase medication adherence; reduce stigma; decrease health disparities; and, for people with HIV, reach and maintain viral suppression.

HRSA and ACL

- In August 2024, HRSA HAB and ACL released a joint [letter](#) on Older Adults, Long-term Survivors, and Life-time Survivors in the RWHAP. The letter highlights community hubs that offer services and supports such as nutrition, transportation, caregiver support, and insurance counseling. It also outlines commitments on advancing clinical practices, models of care, workforce needs, and particular needs of lifetime and long-term survivors. RWHAP recipients and subrecipients are encouraged to explore opportunities for collaboration and partnership with Area Agencies on Aging and senior centers to leverage existing aging-related service resources.

NIH

- Based on the latest scientific evidence, including the results of the NIH ANCHOR trial, a panel of experts in HIV care [released](#) new [clinical guidelines](#) to prevent anal cancer for people with HIV, the first U.S. federal guidelines on the topic. Anal cancer occurs substantially more often among people with HIV than among people without HIV. These recommendations include a screening program that uses high-resolution anoscopy to help detect and treat precancer and prevent anal cancer for people with HIV.

Agency	Progress Update
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NIH
cont'd

- In 2024 NIH launched a \$10 million program, [Rapid Acceleration of Diagnostics \(RADx®\): Advanced Platforms for HIV Viral Load Monitoring at the Point-of-Care](#), which is supported through a collaboration between the NIH Office of AIDS Research, the National Institute of Biomedical Imaging and Bioengineering, and the National Institute of Allergy and Infectious Diseases. The program seeks to accelerate the regulatory clearance and commercialization of innovative HIV viral load testing platforms. Home-based and point-of-care viral load monitoring can facilitate awareness of antiretroviral treatment effectiveness (i.e., viral rebound) and better assess potential for transmission. The effort was informed by input from community members with lived experiences that emphasizes the value of accessible, rapid HIV viral load testing to enhance quality of life. Summaries of key discussions and perspectives from the [2023 NIH Virtual Workshop: Community Voices: Forging the Path Forward for HIV Self-testing and Personalized Viral Load Monitoring](#) are available for review.

SAMHSA

- The Minority AIDS Initiative grant programs posted in FY 2024 encouraged grant recipients to consider people with lived experience—such as those in recovery from SUD, with co-occurring substance use and mental health conditions, experienced in HIV risk reduction and behavior change, or living with HIV—for leadership positions. This valuable experience, combined with relevant expertise, could be considered in place of formal education, where appropriate.

VA

- During FY 2024, VA provided care to over 31,000 Veterans living with HIV (VLHIV), making it the single largest HIV care provider in the U.S.
- During FY 2024, 490 VLHIV in VA care were newly diagnosed with HIV. Although linkage to care data for FY 2024 are not yet available, in FY 2023, 71% of newly diagnosed VLHIV in VA care were linked to care within 30 days.
- During FY 2024, VA increased access to HIV telehealth, as evidenced by a 10.3% rise in outpatient infectious disease telehealth encounters for VLHIV in VA care.



GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

Agency	Progress Update
CDC	<ul style="list-style-type: none">In June 2024, CDC awarded \$7 million to five recipients, through the Minority HIV/AIDS Research Initiative, to support HIV epidemiologic, behavioral, and implementation science research in Black, Hispanic/Latino, and other communities disproportionately affected by HIV.In September 2024 CDC announced a one-time total award of \$10 million to five health departments under the Accelerating Pre-Exposure Prophylaxis (PrEP) Uptake for Ending the HIV Epidemic (EHE) in the United States (CDC-RFA-PS-24-0047 SUPP), a supplement to CDC’s flagship High-Impact HIV Prevention and Surveillance Programs for Health Departments (CDC-RFA-PS-24-0047) program. The goal is to address barriers and accelerate PrEP access among groups who have not been effectively reached. The five EHE Jurisdictions were selected based in part on their demonstrated commitment to reducing barriers to PrEP and promoting health equity through comprehensive HIV prevention strategies.
DOJ	<p>On February 15, 2024, the DOJ sued Tennessee and the Tennessee Bureau of Investigation (TBI) for violating the Americans with Disabilities Act (ADA). The DOJ previously notified Tennessee, TBI, and the Shelby County District Attorney General’s Office (DA) that they violated the ADA by enforcing the state’s aggravated prostitution statute against people living with HIV. That letter of findings detailed the minimum remedial measures necessary to address the discrimination. The DOJ’s investigation found that the state and TBI subject people living with HIV to harsher criminal penalties solely because of their HIV status. Tennessee’s aggravated prostitution statute elevates what would otherwise be misdemeanor conduct to a felony because the individual has HIV, regardless of any actual risk of harm. A person convicted of aggravated prostitution faces 3 to 15 years in prison and a fine up to \$10,000, while a person convicted of a misdemeanor charge based on the same conduct is subject to a penalty of no more than 6 months in prison and up to a \$500 fine.</p> <p>On May 16, 2024, the DOJ secured an agreement with Shelby County, TN, to cease prosecution of people living with HIV under Tennessee’s aggravated prostitution law. The Shelby County DA will also adopt reforms to correct discrimination against people living with HIV who were subjected to discriminatory and harsher penalties under the law. The agreement resolves the DOJ’s finding that the DA violated the ADA by enforcing Tennessee’s aggravated prostitution law that imposed enhanced criminal penalties based on a person’s HIV status.</p>
ED	<ul style="list-style-type: none">ED released a final rule under Title IX, which prohibits discrimination on the basis of sex in education programs receiving federal funding and strengthens civil rights protections for all, including for LGBTQI+ students and staff. Pursuant to federal court orders, ED is currently enjoined from enforcing the final rule in 26 states and in schools identified on a list created in ongoing litigation in one federal court. Notwithstanding those injunctions, the final rule is in effect in most schools in 24 states, the District of Columbia, and Puerto Rico.

Agency	Progress Update
HRSA	<ul style="list-style-type: none"> In FY 2024, HRSA HAB awarded \$2.4 billion to cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV. Funding priorities are guided by recipients to support uniquely structured programs that provide a wide range of medical and support services, medication, technical assistance, clinical training, and the development of innovative models of care to meet the needs of key populations and their communities affected by HIV. HRSA HAB added a Spanish language version of the Best Practices Compilation to enhance access of innovative models of care for the Latino community.
NIH	<ul style="list-style-type: none"> To continue building a diverse and multidisciplinary workforce and enhance sustainability of HIV research discovery and the implementation of findings, NIH hosted the third annual Workshop for Early Career Investigators in HIV in April 2024. With more than 500 attendees from around the world, the workshop offered valuable resources to early career HIV investigators including advice and presentations from other investigators, mentors, and NIH employees.
OASH	<ul style="list-style-type: none"> HIV.gov, managed by the Office of Infectious Disease and HIV/AIDS Policy (OIDP), launched Spanish language versions of its HIV Basics pages and many of its pages in the Federal Response to HIV section of the site, making this information more widely available to Latino communities. The Black Women’s Initiative, created by OIDP and funded by the Minority HIV/AIDS Fund (MHAF), focuses on addressing the unique challenges faced by Black women in HIV prevention, care, and treatment. This community-driven initiative aims to reduce disparities, increase access to quality health care, and improve health outcomes for Black women by fostering grassroots strategies, enhancing health care provider training, and expanding culturally appropriate services. Through this effort, the program seeks to empower and support Black women in achieving better overall health and well-being.
OCR	<ul style="list-style-type: none"> In August 2024, HHS OCR, which leads the HHS Language Access Steering Committee, led HHS agencies in publishing and implementing Department-wide and agency-specific comprehensive language access plans, with 25 agency-specific plans. OCR collaborated with other agencies to integrate nondiscrimination messaging aligned with recent federal civil rights rules into existing public engagement campaigns and resources, such as Know Your Rights guides, Dear Colleague Letters, and factsheets. These materials were translated into multiple languages and used in public engagement events addressing HIV, STIs, viral hepatitis, substance use, mental health, primary care, and LGBTQI+ issues. The new rules include the following: <ul style="list-style-type: none"> Section 504 of the Rehabilitation Act Final Rule prohibits discrimination on the basis of disability; protects people with HIV from disability discrimination; and protects people living with HIV from discrimination based on biases or stereotypes. Section 1557 of the Affordable Care Act prevents discrimination on the basis of race, color, national origin, sex, age, or disability in health care, and ensures people with HIV are afforded equal access to health care benefits and services.

Agency Progress Update

OCR
cont'd

- The [Health and Human Services Grants Rule](#) protects LGBTQI+ people from discrimination in specific health and human services grants.
- [The Confidentiality of Substance Use Disorder \(SUD\) Patient Records Final Rule](#) at 42 CFR part 2 (“Part 2”), which protects privacy and confidentiality of those who have HIV and have or are at risk from SUD.
- Additional resources and complaint filing information are available on the [OCR website](#).

SAMHSA

In FY 2024, SAMHSA awarded \$2.6 million to four organizations for the Minority AIDS Initiative [Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project](#) grant program. This program supports a pilot for a comprehensive portable clinical care approach to populations historically underserved and experiencing unsheltered homelessness by integrating behavioral health, HIV and other infectious disease treatment, and prevention services.

MINORITY HIV/AIDS FUND ADVANCES NATIONAL HIV/AIDS STRATEGY PRIORITIES

Over the past several years, the Office of Infectious Disease and HIV/AIDS Policy (OIDP) has aligned the priorities for awards made through the Minority HIV/AIDS Fund (MHAF) with the National HIV/AIDS Strategy (NHAS), placing special emphasis on addressing HIV disparities to achieve greater equity. MHAF is part of the Minority AIDS Initiative, which allocates annual resources to the Secretary of the Department of Health and Human Services (HHS) that are managed by OIDP on behalf of the Office of the Assistant Secretary for Health.

OIDP administers a process for HHS agencies to receive MHAF funding for innovative and impactful HIV activities through a syndemic approach, supporting NHAS by addressing both biomedical interventions and broader social and structural determinants that contribute to disparities in HIV outcomes among racial and ethnic minority populations. Among the activities supported by MHAF are:

- **Centers for Disease Control and Prevention Funding for Sexually Transmitted Infection (STI) and HIV Prevention:** CDC [awarded](#) \$4.8 million to explore innovative prevention strategies, including the implementation of DoxyPEP and point-of-care testing for HIV and syphilis. These efforts focus on geographic areas with elevated rates of syphilis and HIV and specifically address the heightened disparities faced by certain populations. Point-of-care testing will be implemented in outreach settings such as emergency departments, correctional settings, and substance use disorder programs.
- **Health Resources and Services Administration System-Level Syndemic Approaches:** HRSA supported six [demonstration systems](#) to implement a syndemic approach aimed at linking and retaining people. This initiative focuses on individuals newly diagnosed within the past 12 months and people who are not virally suppressed by providing comprehensive care, including engagement in primary HIV care, treatment for co-occurring conditions such as mental health and substance use, and addressing social determinants of health (SDOH) such as intimate partner violence, food insecurity, and unstable housing.
- **Indian Health Service Integrated Syndemic Capacity Development:** IHS implemented a comprehensive strategy to address the Indigenous HIV/AIDS Syndemic by improving health outcomes and reducing disparities for American Indian and Alaska Native communities through a syndemic approach that integrated HIV with other health disparities. Specifically, IHS led a representative team of American Indian, Alaska Native, and Native Hawaiian community and clinical health staff to create [The Indigenous HIV/AIDS Syndemic Strategy: Weaving Together the National HIV, STI, and Viral Hepatitis Plans](#) (Indigi-HAS). IHS and its advisory committee think of this creation as an Indigenous pathway—complementary to the national strategies—enabling Indigenous partners to formulate their own response to the syndemic in their communities by incorporating local governance and Indigenous knowledge. IHS will encourage the Indigi-HAS as a process-based roadmap for all collaborators to guide the development of policies, services, programs, initiatives, and other actions to achieve the nation’s vision of ending the syndemic by 2030.
- **Substance Abuse and Mental Health Services Administration Syndemic Approach to Preventing HIV and Substance Use:** In May 2024, SAMHSA received MHAF funding to develop the [Syndemic Approach to Preventing HIV and Substance Use Among Racial and Ethnic Minority Communities \(SAP\)](#) program. In September 2024, SAMHSA awarded \$1,600,000 to four recipients at \$400,000 per award per year. The purpose of the SAP program is to advance equity in health outcomes for racial and ethnic minority communities, especially all Black female identities, including cisgender, transgender, nonbinary, and genderqueer/fluid individuals in the South who are experiencing disparities related to HIV/AIDS, viral hepatitis, STIs, substance use and substance use disorders, and/or mental health conditions.

HHS agencies receive MHAF funding for innovative and impactful HIV activities through a syndemic approach.



GOAL 4: ACHIEVE INTEGRATED, COORDINATED EFFORTS THAT ADDRESS THE HIV EPIDEMIC AMONG ALL PARTNERS AND INTERESTED PARTIES

Agency	Progress Update
ASTP/ ONC	<ul style="list-style-type: none"> • ASTP/ONC advanced several key elements of national plans for interoperable health information technology policy that, when implemented, will ultimately help improve HIV prevention and treatment outcomes and public health. <ul style="list-style-type: none"> ◦ ASTP finalized the Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) regulation, which updates the baseline U.S. Core Data for Interoperability (USCDI) standard within the Health IT Certification Program (Certification Program) to Version 3 as of January 1, 2026. Version 3 includes several new SDOH data elements. The availability of this data will also support public health analysis and planning. ◦ ASTP conducted a workshop series for SDOH Information Exchange with a small group of state, local, and tribal nation partners to explore barriers to SDOH information exchange and collaboratively develop resources and tools to accelerate progress. ◦ ASTP released and invited public comment on several draft USCDI+ data sets, including Public Health, Quality, and Maternal Health, which contain standard data elements for HIV-relevant use cases. For example, the draft Maternal Health data set includes clinical fields for HIV status, screening, prevention, and treatment for use in maternal health and labor and delivery settings.
BOP	<ul style="list-style-type: none"> • The Population and Correctional Health Branch updated and released national performance measures including rates of HIV testing and viral suppression to all 121 BOP facilities in May 2024. These measures will enhance uniform data availability and support monitoring of HIV testing and viral suppression at the institutional and national levels, enabling BOP to work with facilities that may not meet national performance measure goals to develop action plans and provide additional training and/or resources to increase the rate of testing or viral suppression.
CDC	<p>CDC’s Division of HIV Prevention continued a series of in-person engagement sessions with community-led and community-serving organizations in the Southeast that were convened in partnership with the National Association of County and City Health Officials, the Southern AIDS Coalition, and regional community conveners to help identify and address barriers and challenges that hinder achievement of goals by funded partners and other collaborators. Sessions were held in Houston, Baton Rouge, Memphis, and Miami aimed to identify barriers and opportunities to advance health equity, expand community engagement, and explore syndemic and whole person approaches.</p>

Agency Progress Update

- **In August 2024, HRSA BPHC announced that for CY 2024 Health Center Program Uniform Data System (UDS) reporting (due in 2025), all health centers will be required to submit de-identified patient-level data for the first time.** The new UDS+ will improve the timeliness, availability, and usefulness of de-identified patient-level data to better understand the associations that patient characteristics have on HIV-related and other clinical outcomes in health center populations, and to inform care delivery, targeted technical assistance, quality improvement, and research to accelerate improvements in health and to advance health equity.
- **To address the syndemic of HIV and syphilis, HRSA HAB informed RWHAP recipients on the new CDC clinical guidelines on Doxycycline Post-Exposure Prophylaxis (DoxyPEP) and the allowable use of funding to prevent acquisition of sexually transmitted infections among clients with HIV.**

- HUD’s Office of HIV/AIDS Housing (OHH) secured funding for technical assistance to help communities prepare for and respond to HIV outbreaks among people experiencing homelessness or housing instability. OHH is coordinating this technical assistance with CDC’s Division of HIV Prevention and HUD’s Office of Special Needs Assistance Programs to best support communities experiencing rapid HIV transmissions in encampments of people experiencing homelessness.

OHH awarded \$26 million in Housing Interventions to End the HIV Epidemic (HINT) Special Projects of National Significance funding to 11 communities. The competitive one-time HINT awards are aimed at promoting innovative housing models and complementing local efforts to end the HIV epidemic. Grantees will provide housing assistance and supportive services for eligible individuals and families, coordinate and plan activities with local recipients of EHE funding from CDC and HRSA as well as other health care and supportive service providers, and increase the amount of quality data collected and used for decision making. By the end of the grant period, each grantee will create a model showcasing its effective practices and lessons learned. These models will be shared publicly, and the insights gained will help shape national and community policies and actions.

- OHH **awarded nearly \$28 million to 23 communities** through the Housing Opportunities for Persons With AIDS (HOPWA) Permanent Supportive Housing Renewal and Replacement Grants program. This competitive program aims to increase housing access and availability of permanent housing for HOPWA-eligible households, improving housing stability and health outcomes for assisted families. The funded programs bring unique features that include employment programs, mental health and substance use programs that support families to overcome barriers to remaining stably housed, and ongoing case management to ensure that clients receive continued wraparound support.

IMPROVING QUALITY OF LIFE FOR PEOPLE WITH HIV

The [Federal Implementation Plan](#) for the National HIV/AIDS Strategy introduced five indicators of progress representing the multi-dimensional nature of quality of life among people with HIV, underscoring its importance in the national response to HIV. The quality-of-life indicators address self-rated health status, mental health, food insecurity, employment status, and unstable housing or homelessness. Among the actions that federal agencies undertook in 2024 to address quality of life were as follows:

Five indicators of progress represent the multi-dimensional nature of quality of life among people with HIV, underscoring its importance in the national response to HIV.

- In September 2024, the Centers for Disease Control and Prevention published an [article](#) in *Morbidity and Mortality Weekly Report (MMWR)* detailing the need to advance multisectoral strategies to improve access to housing, employment, food, and mental health in order to address quality of life for people aging with HIV.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has prioritized employment needs of people with HIV by including language in a 2024 Notice of Funding Opportunity encouraging recipients to consider filling grant leadership positions with people with lived experience, including living with HIV.
- To increase access to stable housing, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) [clarified](#) its guidance on the allowable uses of funds to include that Ryan White HIV/AIDS Program (RWHAP) funding can be used to pay for a client's housing security deposit, as long as a recipient or subrecipient has policies and procedures in place to ensure that security deposits are returned to them and not the client.
- HRSA HAB also [detailed](#) how RWHAP funds can be used on legal services, including expungement services. The expungement of criminal records is an effective way to remove barriers to HIV care and services, decrease stigma, and support successful reentry into the community. Expungement also can assist in obtaining housing, employment, and access to public benefits.
- SAMHSA's Center for Mental Health Services provided \$9.2 million in continuation funding to 19 grantees under the Minority AIDS Initiative Service Integration project to provide resources to help reduce the co-occurring epidemics of HIV, hepatitis, and mental health disorders through accessible, evidence-based, culturally appropriate mental and co-occurring disorder treatment that is integrated with HIV primary care and prevention services.



APPENDIX A: FEDERAL IMPLEMENTATION WORKGROUP

The National HIV/AIDS Strategy Federal Implementation Workgroup that developed the Implementation Plan is collaborating to monitor its implementation and progress toward national targets. It is composed of representatives from the following federal departments and agencies.

Department of Agriculture

Food and Nutrition Service

Department of Defense

Defense Health Agency

Department of Education

Office of Elementary and Secondary Education

Office of Special Education and Rehabilitative Services

Department of Justice

Bureau of Prisons

Civil Rights Division

Equal Employment Opportunity Commission

Department of Health and Human Services

Administration for Community Living

Administration on Aging

Agency for Healthcare Research and Quality

Centers for Disease Control and Prevention

Division of Adolescent and School Health

National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention

Division of HIV Prevention

Division of STD Prevention

Centers for Medicare & Medicaid Services

Food and Drug Administration

Health Resources and Services Administration

Bureau of Primary Health Care

HIV/AIDS Bureau

Indian Health Service

HIV/HCV/STI Branch

National Institutes of Health

Office of AIDS Research

National Institute of Allergy and Infectious Diseases

National Institute of Mental Health

National Institute on Drug Abuse

Office for Civil Rights

Office of the Assistant Secretary for Health

Office of Disease Prevention and Health Promotion

Office of Infectious Disease and HIV/AIDS Policy

Office of Minority Health

Office of Policy and Legislation

Office of Population Affairs

Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Center for Substance Abuse Prevention

Center for Substance Abuse Treatment

National Mental Health and Substance Use Policy Laboratory

Office of the Chief Medical Officer

Department of Housing and Urban Development

Office of Community Planning and Development

Department of the Interior

Bureau of Indian Affairs

Bureau of Indian Education

Department of Labor

Office of Disability Employment Policy

Department of Veterans Affairs

Veterans Health Administration

APPENDIX B: ABBREVIATIONS

ACL	Administration for Community Living (HHS)
ADA	Americans with Disabilities Act
ASTP/ONC	Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (HHS)
BOP	Bureau of Prisons (DOJ)
BPHC	Bureau of Primary Health Care (HRSA)
CDC	Centers for Disease Control and Prevention (HHS)
CMS	Centers for Medicare & Medicaid Services (HHS)
CY	calendar year
DA	district attorney
DOD	U.S. Department of Defense
DOJ	U.S. Department of Justice
Doxy	Doxycycline
ED	U.S. Department of Education
EHE	<i>Ending the HIV Epidemic in the U.S.</i> Initiative
EHR	electronic health record
FDA	Food and Drug Administration (HHS)
FY	fiscal year
HAB	HIV/AIDS Bureau (HRSA)
HHS	U.S. Department of Health and Human Services
HOPWA	Housing Opportunities for Persons With AIDS
HRSA	Health Resources and Services Administration (HHS)
HUD	U.S. Department of Housing and Urban Development
IHS	Indian Health Service (HHS)
MHAF	Minority HIV/AIDS Fund
NHAS	National HIV/AIDS Strategy
NIH	National Institutes of Health (HHS)
OASH	Office of the Assistant Secretary for Health (HHS)
OCR	Office for Civil Rights (HHS)
OHH	Office of HIV/AIDS Housing (HUD)
OIDP	Office of Infectious Disease and HIV/AIDS Policy (OASH)
PEP	post-exposure prophylaxis
PrEP	pre-exposure prophylaxis
RWHAP	Ryan White HIV/AIDS Program
SAMHSA	Substance Abuse and Mental Health Services Administration (HHS)
SDOH	social determinants of health

SSP	syringe services program
SUD	substance use disorder
TBI	Tennessee Bureau of Investigation
TTMH	Together TakeMeHome
U=U	Undetectable=Untransmittable
USCDI	U.S. Core Data for Interoperability
VA	U.S. Department of Veterans Affairs
VLHIV	Veterans living with HIV



THE WHITE HOUSE
OFFICE OF NATIONAL AIDS POLICY

For more information visit www.hiv.gov/NHAS