

# NATIONAL HIV/AIDS STRATEGY



## **2023 Interim Action Report**

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



Suggested Citation: The White House. 2023. *National HIV/AIDS Strategy 2023 Interim Action Report*. Washington, DC.

Neither the National HIV/AIDS Strategy (NHAS) nor this Interim Action Report are budget documents and do not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. The NHAS and Interim Action Report will inform the Federal budget and regulatory development processes within the context of the goals articulated in the President’s Budget. All activities included in the NHAS and Interim Action Report are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.

# VISION ★ ★ ★ ★ ★

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*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

The United States is making progress toward eliminating HIV transmission, but we must accelerate these efforts. In too many communities, barriers to comprehensive HIV prevention and treatment limit awareness, access, and engagement in HIV services by priority populations with or most at risk of HIV. In addition, HIV-related stigma and discrimination continue to undermine the effective use of tools to reduce HIV transmissions to our 2030 national goal of fewer than 3,000 cases annually.

Nevertheless, thanks to the efforts of community, state, and federal allies, our nation is making important progress toward the *National HIV/AIDS Strategy for the United States 2022–2025* (NHAS) goals. Recent data indicate that:

- New HIV infections have declined in recent years, after a period of [general stability](#). [Estimated annual new HIV infections](#) were [12% lower](#) in 2021 compared to 2017—dropping from about 36,500 infections to about 32,100, putting us in a good starting position as we began our work to implement the NHAS.
- Overall, in 2022, [36% of the 1.2 million people](#) who could benefit from pre-exposure prophylaxis (PrEP) were prescribed it, compared to 23% in 2019, though significant racial/ethnic and gender disparities persist.
- Nearly 90% of Ryan White HIV/AIDS Program clients receiving HIV medical care in 2022 reached viral suppression, significantly higher than the 69.5% in 2010.

The actions detailed in this first report about implementing the NHAS each helps build on this encouraging momentum.

The Biden-Harris Administration is committed to improving the health and well-being of all Americans. Our vision is to ensure that every American affected by HIV leads a full and healthy life within their community. Social determinants of health (SDOH) account for as much as 50% of county-level health outcomes, and within SDOH, socioeconomic factors such as poverty, employment status, and education access have the largest impact on the nation's health.\* Health measures, such as life expectancy, chronic disease risk (e.g., diabetes, heart disease, or depression), infectious disease risk, and more, are influenced by SDOH. Although having access to high-quality, affordable health care is essential to addressing HIV prevention and care needs, access to health care alone is not sufficient to achieve optimal health outcomes. To address SDOH, our NHAS calls upon other safety net programs to play a role. Therefore, key actions taken by the U.S. Department of Housing and Urban Development, Department of Education, and Department of Justice are highlighted in this report.

Successful implementation of the NHAS rests on strengthening and expanding the foundation of robust collaboration among federal agencies, academia, health care services providers, and private-sector and community organizations. Additional strategic collaborations are necessary to reduce new HIV infections and help people with HIV achieve optimal health and well-being. The newly released [SDOH Playbook](#) includes an initial set of structural actions that federal agencies are undertaking to break down the silos between health and services—such as housing or nutrition—to support equitable health outcomes by improving the social circumstances of people and communities. The Playbook sets the stage for agencies and organizations to reimagine new policies and actions around SDOH, both inside and outside of government.

The Centers for Disease Control and Prevention (CDC) reports that more than one-half of people with diagnosed HIV in the United States are aged 50 and older.† The number of individuals with HIV in this age group has been steadily increasing for the past 5 years compared with the stable number of individuals in younger age groups. Older people with HIV experience multiple comorbidities, social and behavioral concerns, and mental health conditions.

\* Hood, C.M., Gennuso K.P., Swain G.R., et al. County health rankings: Relationships between determinant factors and health outcomes in 45 states. *Am J Prev Med*. February 2016;50(2):129-135. doi: 10.1016/j.amepre.2015.08.024

† Table 15a. Persons living with diagnosed HIV infection, by year and selected characteristics, 2017–2021—United States. Centers for Disease Control and Prevention. Accessed September 27, 2023. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-34/content/tables.html>

They also have complex health support service needs. This Interim Action Report describes some ways that the federal government has responded to the existing and emerging needs of an aging community of people with HIV.

HIV-related stigma is created and expressed through irrational or negative attitudes, behaviors, and judgments toward people with, or at risk of, HIV. Stigma discourages people from knowing their HIV status, accessing treatment, or staying in care. Populations disproportionately affected by HIV frequently experience stigma and discrimination because of their race or ethnicity, gender identity, sexual orientation, substance use, and engagement in sex work, among other identities and social positions. Stigma and discrimination faced by people with HIV and priority populations at risk of HIV continue to hamper our efforts to successfully reduce new HIV cases. Several actions to address HIV-related stigma and discrimination are highlighted in this report. Addressing HIV-related stigma and discrimination, including the modernization of HIV criminalization laws and policies, will require a whole of society approach. Much work remains to be done.

This NHAS Interim Action Report does not declare victory, but serves as an ongoing call to action, highlighting the good work done by federal and community organizations to energize and invigorate our collective national work to end the HIV epidemic and to ensure that no population or region is left behind.

—Harold J. Phillips, Director, Office of National AIDS Policy, The White House



# INTRODUCTION

Published in December 2021, the [National HIV/AIDS Strategy for the United States 2022–2025](#) (NHAS) is the fourth iteration of a roadmap for stakeholders to accelerate efforts to end the HIV epidemic in the country by 2030. The NHAS sets four goals and recommends 78 strategies to achieve these goals. A key feature is eight core indicators and a disparity indicator stratified by priority populations to measure progress toward the goals. The associated [Federal Implementation Plan](#) outlines federal partners’ (see Appendix A) commitments to policies, research, and activities during fiscal years (FY) 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 provides high-level updates on select actions—rather than all actions detailed in the Federal Implementation Plan—by federal organizations during FY 2022 and FY 2023 to achieve the NHAS goals. 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.



# FEDERAL AGENCY ACTION 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 FY 2022 and FY 2023. Appendix B lists abbreviations used in this report.



## GOAL 1: PREVENT NEW HIV INFECTIONS

Agency	Action
BOP	Through internal messaging systems, all adults in custody have received education on risk factors for HIV and how to receive pre-exposure prophylaxis (PrEP) through BOP health care providers when preparing for release. BOP is also continuing to develop an electronic health record template for HIV prevention and care.
CDC	<ul style="list-style-type: none"> <li>• CDC initiated the Together TakeMeHome (TTMH) HIV self-test program with a goal to distribute 150,000 tests per year in 2022, advertised by the Let’s Stop HIV Together campaign. In the first 6 months of the program, from March 2023 to August 2023, TTMH distributed more than 200,000 HIV self-tests, particularly to key populations including gay and bisexual men, transgender women, and Black women. Supplemental funds were provided to expand the program to deliver approximately 300,000 self-tests to be delivered each year.</li> <li>• As of December 2022, 92% of the 25 STD specialty clinics funded by CDC through the <i>Ending the HIV Epidemic in the U.S.</i> (EHE) initiative refer/link to HIV care, 84% link to PrEP, 76% prescribe PrEP, 80% provide ongoing care for PrEP patients, and 40% initiate HIV treatment on site. In 2022, 923 individuals were newly diagnosed with HIV in participating clinics.</li> </ul>
CDC, HRSA, IHS, NIH, OASH & SAMHSA	Due, in part, to the efforts of multiple HHS agencies to expand PrEP awareness, availability, and provider capacity, preliminary data indicate that in 2022, for the first time, more than one-third of people in the U.S. who could benefit from PrEP had been prescribed it. Overall, in 2022, 36% of the 1.2 million people who could benefit from PrEP were prescribed it, compared to 23% in 2019, the year that EHE was announced. Further, the preliminary data indicate that in 2022 10 EHE jurisdictions had met or exceeded the 2025 EHE (and NHAS) goal of 50% PrEP coverage. However, while the data show improvement in PrEP prescriptions among all racial/ethnic groups from 2019 to 2022, the reach of this strategy is far from equal, and severe and widening inequities persist. Estimates suggest 94% of White people who could benefit from PrEP have been prescribed it, but only 13% of Black and 24% of Hispanic/Latino people who could benefit have been prescribed PrEP.
CMS	In July 2023, CMS proposed national coverage determination for PrEP, which will allow Medicare beneficiaries to access PrEP and supporting services without cost-sharing.

Agency	Action
HRSA	<p>HRSA’s Bureau of Primary Health Care (BPHC) awarded a total of \$157 million in FY 2023 to 411 health centers to support expanded access to HIV testing and prevention services in the 57 EHE jurisdictions. Additionally, nine technical assistance organizations were also funded to support health center PrEP and HIV efforts.</p>
HUD	<ul style="list-style-type: none"> <li>• HUD and CDC held a Housing and Sexual Health Roundtable at the White House in May 2023 with the goal of promoting and expanding the reach of innovative programs that address the intersection of housing and sexual health. The event concluded with a commitment to enrich collaboration between government and community organizations working on integrated housing and sexual health programs as well as produced numerous action items for HUD, CDC, HRSA, and the White House Office of Management and Budget.</li> <li>• In April 2023, HUD, HRSA, and CDC published a <a href="#">letter</a> about joint outbreak work that encouraged communities to take specific actions to prepare for and respond to HIV outbreaks among people experiencing homelessness and housing instability.</li> </ul>
NIH	<p>NIH conducts implementation research to develop strategies to translate evidence-based prevention interventions into real-world settings to sustainably promote uptake among priority populations and localities with disproportionate HIV burden. Implementation research accelerated at NIH during FY 2022 with more than 370 funded HIV projects totaling \$160 million, a 26% increase in funding and a 21% increase in the number of projects from FY 2021. Studies focus on optimizing intervention uptake, effectiveness, and efficiency to maximize HIV testing, linkage to care, early treatment initiation, and improved adherence and retention. Topical areas include differentiated and integrated HIV care, PrEP delivery and scale-up, HIV self-testing, and substance use prevention and treatment services. Studies involving clients, providers, facilities, and systemic factors are being conducted to improve provider training, outreach, clinical practice, and policy.</p>
SAMHSA	<ul style="list-style-type: none"> <li>• The Minority AIDS Initiative (MAI) High Risk Populations grant program opened applications in March 2023, and funded recipients will begin implementation in 2024. This is the first Center for Substance Abuse Treatment grant program to require recipients to provide both PrEP and post-exposure prophylaxis (PEP) on site or by referral.</li> <li>• The FY23 MAI Prevention Navigator Program opened applications in March 2023, and funded recipients will begin implementation in 2024. The population of focus for this grant program was updated in 2023 to place an emphasis on men who have sex with men and men who have sex with men and women and those who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Intersex persons who are not in stable housing and/or reside in communities with high rates of HIV, viral hepatitis (including hepatitis A, B, and C), and/or sexually transmitted infections.</li> </ul>



## ENDING THE HIV EPIDEMIC IN THE U.S. PROGRESS

The Strategy and the [EHE initiative](#) are closely aligned and have the same overarching goal of decreasing new infections by 90% in 2030. The EHE initiative has scaled-up four science-based strategies focusing 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:

- In 2021, HRSA HIV/AIDS Bureau (HAB) EHE recipients served 22,413 clients new to care and 15,318 clients estimated to be re-engaged in care.
- In 2021, 302 HRSA BPHC EHE-funded health centers linked 86% of newly diagnosed HIV patients to care within 30 days. In 2022, the number of participating health centers was expanded to 365 across the 57 jurisdictions.
- In 2021, 108 syringe service programs (SSPs) were operating using CDC EHE funds: 57 SSPs are fixed locations, and 51 SSPs are mobile/outreach locations.
- Using EHE funding, HRSA/BPHC health centers provided PrEP management services to more than 52,000 patients in 2021 and more than 64,000 patients in 2022.
- In 2021, CDC recipients used EHE funding to conduct almost 250,000 HIV tests, which identified more than 3,000 people with HIV.
- From 2021 to 2022, CDC EHE-funded programs provided more than 44,000 people prescriptions for PrEP.



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

Agency	Action
ACL	<p>ACL published the Older Americans Act Notice of Proposed Rulemaking on June 16, 2023. The proposed rule designates people with HIV as a population “in greatest social need.” Populations in greatest social need are prioritized for Older Americans Act funding and services. ACL anticipates the final rule will be released in early 2024.</p>
FDA	<p>From January 2022 to June 2023, FDA approved the following:</p> <ul style="list-style-type: none"> <li>• Descovy (FTC/TAF): approved an expanded pediatric population of children aged 2 years and older and weighing at least 14 kg (January 2022).</li> <li>• Cabenuva (CAB/RPV): approved a new dosing regimen of every 2 months (January 2022) with the option to proceed directly to injection dosing (March 2022) and approved an expanded patient population of adolescents aged 12 years and older and weighing at least 35 kg.</li> <li>• Sunlenca (lenacapavir): approved in combination with other antiretrovirals to treat HIV-1 infection in heavily treatment-experienced adults with multi-drug resistant HIV-1 infection failing their current antiretroviral regimen because of resistance, intolerance, or safety considerations (December 2022).</li> <li>• Triumeq PD (Dolutegravir TOS): approved an expanded pediatric population of children aged 3 months and older and weighing at least 6 kg (June 2023).</li> </ul>
HRSA	<ul style="list-style-type: none"> <li>• HRSA/HAB-funded services include capacity building and technical assistance by the Technical Assistance Provider-innovation network (TAP-in) and EHE Systems Coordination Provider to ensure that EHE jurisdictions can effectively identify people newly diagnosed with HIV and engage people with HIV who are not in care and/or not virally suppressed.</li> <li>• The Ryan White HIV/AIDS Program (RWHP) produced a <a href="#">Best Practices Compilation</a> that includes more than 75 effective innovative interventions.</li> </ul>
HUD	<p>The Office of HIV/AIDS Housing launched a <a href="#">webinar series</a> on HIV &amp; Aging in April 2023. The topics included accessing community resources, combating social isolation and loneliness, reviewing reasonable accommodations modifications, using facility-based housing to address needs, and discussing HealthHIV’s State of Aging with HIV National Survey Report.</p>
IHS	<ul style="list-style-type: none"> <li>• Since 2022, IHS’ TeleECHO HIV has supported 87 hepatitis C virus teleECHO sessions for 1,859 clinicians serving American Indian/Alaska Native (AI/AN) communities and 277 case discussions/clinical consultations. Regarding substance use disorder (SUD), since 2022, the project has supported 74 SUD, Harm Reduction, and Behavioral Health teleECHO sessions for 3,927 clinicians serving AI/AN communities, and 26 case discussions/clinical consultations. For infectious diseases, including HIV and syphilis, since 2022, the project has supported 26 infectious disease sessions for 2,367 clinicians serving AI/AN communities.</li> <li>• IHS also developed a teleconsultation line with academic institutions to support the IHS/Tribal/Urban health workforce. On-demand telephone consultations are available for clinicians and providers for HIV services (antiretroviral treatment, PEP, PrEP), hepatitis C virus, and SUD.</li> </ul>

Agency	Action
NIH	<ul style="list-style-type: none"> <li>• NIH is supporting syndemics studies that investigate interactions between epidemics and social/ structural determinants of health, including the complex interactions between behavioral, economic, and environmental factors that influence the HIV epidemic. In FY 2022, NIH sponsored an <i>American Journal of Public Health</i> <a href="#">supplement</a> on Addressing Intersectional Stigma and Discrimination to Improve HIV-Related Outcomes, as well as an <a href="#">AIDS 2022 Satellite Symposium</a>.</li> <li>• NIH launched the HIV and Aging Signature Program in 2022 to catalyze interdisciplinary research and training to meet increasing health needs as people with HIV age; in FY 2022, NIH supported nearly 340 related projects totaling \$119 million, which was a 6% increase from 2021. NIH, together with CDC, HRSA, and members of the HIV and research community, conducted a research workshop followed by a federal-community-researcher panel discussion during the 2023 U.S. Conference on HIV/AIDS with more than 700 registrants to facilitate coordination, collaboration, and innovation.</li> <li>• In 2023, NIH announced results of the largest randomized HIV trial to date, the <a href="#">REPRIEVE study</a>, which demonstrated that a class of cholesterol-lowering medications (statins) may reduce the high risk of cardiovascular disease in people with HIV by 35%, potentially preventing 20% of major cardiovascular events or premature deaths.</li> </ul>
SAMHSA	<p>The MAI High Risk Populations grant program now allows funding for Peer Recovery Support Services that include people with lived experience with SUD, people with HIV, a new inclusion of people with lived experience with hepatitis C treatment and recovery, and HIV prevention services (e.g., use of PrEP or SSPs).</p>
VA	<p>VA implemented an SSP program as part of a national harm reduction effort. In 2021 15 VA sites operated SSPs, and 25 sites are currently operating SSPs. VA contracted with a vendor to develop SSP kits. These kits are shipped to sites with active SSPs free of charge.</p>



## GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

Agency	Action
CDC	<ul style="list-style-type: none"><li>• CDC’s Division of HIV Prevention (DHP) Detection and Response Branch is developing guidance for 60 health departments, which detected and reported 241 clusters between January 2022 and June 2023. This guidance includes information on community partnerships and how to address SDOH and systems-level gaps leading to rapid transmission. CDC provided direct technical assistance to help address 14 HIV clusters where social and structural determinants of health were identified factors.</li><li>• A joint CDC/HUD/HRSA group hosted two workshops to urge local collaboration centered on housing and its role in HIV prevention and response to outbreaks.</li><li>• CDC’s DHP completed regional community engagement sessions between March 2022 and March 2023, reaching more than 1,600 people in NHAS priority audiences through 15 virtual meetings, across 10 Department of Health and Human Services (HHS) regions and one in-person Spanish language session in Puerto Rico. These sessions focused on community-driven solutions to end the HIV epidemic. CDC is using the input received from the community to inform workforce development, communication campaigns, Notices of Funding Opportunities, cross-agency collaborations, community and national partnerships, research priorities, program services, and planning for future activities. DHP started another round of joint virtual regional engagement sessions with HRSA/HAB in June 2023, and new in-person conversations with the community in collaboration with CDC’s Division of STD Prevention began in August 2023.</li></ul>
DOD	<p>DOD issued a <a href="#">memo</a> updating its policies on HIV-positive personnel serving within the Armed Forces in view of significant advances in the diagnosis, prevention, and treatment of HIV since the policy was established. Under the updated policies, “individuals who have been identified as HIV-positive, are asymptomatic, and who have a clinically confirmed undetectable viral load will have no restrictions applied to their deployability or to their ability to commission while a Service member solely on the basis of their HIV-positive status. Nor will such individuals be discharged or separated solely on the basis of their HIV-positive status.”</p>
DOJ	<ul style="list-style-type: none"><li>• The federal government uses civil rights laws such as the Americans with Disabilities Act (ADA) to vigorously safeguard the rights of all Americans, including people with HIV and AIDS. Examples of the Justice Department’s Civil Rights Division prioritizing the enforcement of the ADA to seek equal opportunity for and combat discrimination against people with HIV and AIDS include a <a href="#">letter</a> issued in October 2022 finding that a Pennsylvania county correctional facility violated the ADA by preventing an inmate from working in the facility’s kitchen because he has HIV, depriving the inmate of benefits including monetary compensation, special housing, extra privileges, and eligibility for sentence reduction; entering into a <a href="#">consent decree</a> in September 2022 resolving a <a href="#">lawsuit</a> against the Town of Clarksville, Indiana, after a police department prevented a qualified applicant from becoming a police officer based on his HIV diagnosis; and settlement agreements entered in <a href="#">September 2022</a> (in Wisconsin) and <a href="#">August 2023</a> (in New Jersey) with two different home healthcare providers to resolve allegations that the companies each refused to provide in-home services to an individual with HIV.</li></ul>

Agency	Action
DOJ	<ul style="list-style-type: none"> <li>DOJ's recent work on LGBTQI+ rights issues includes statements of interest and lawsuits challenging discriminatory state bans on gender-affirming health care for transgender minors in <a href="#">Oklahoma</a>, <a href="#">Kentucky</a>, <a href="#">Idaho</a>, <a href="#">Tennessee</a>, and <a href="#">Alabama</a>. DOJ also filed a statement of interest on behalf of a transgender woman incarcerated in <a href="#">Georgia</a> seeking adequate medical care for gender dysphoria. In <a href="#">September 2023</a> (in American Samoa), DOJ secured a settlement, including significant monetary and injunctive relief, in its lawsuit alleging that an employee was subjected to harassment at work because she is a transgender woman. Moreover, DOJ has prosecuted hate crimes based on LGBTQI+ status, supported organizations serving LGBTQI+ victims and survivors, and educated the public about threats facing the LGBTQI+ community, including by hosting a virtual, nationwide community meeting addressing practical steps for protecting LGBTQI+ communities from hate-motivated attacks and threats of violence.</li> </ul>
ED	<p>ED proposed amendments to its Title IX regulations in July 2022 and April 2023. In June 2023, ED released its <a href="#">Toolkit: Creating Inclusive and Nondiscriminatory School Environments for LGBTQI+ Students</a>, which includes information on supporting LGBTQI+ youth and families in schools, student-led groups to support LGBTQI+ students and allies, and other federal resources.</p>
HRSA	<ul style="list-style-type: none"> <li>HAB funded 12 clinical and community-based organizations as demonstration sites and one Evaluation and Technical Assistance Provider to adapt, implement, and assess the uptake of evidence-based, bundled interventions to improve health outcomes and well-being for Black women with HIV. The initiative is meant to address psychosocial and medical needs to help reduce inequities in the provision of culturally relevant, women-centered care and to develop tailored community and clinic-based approaches to address intimate partner violence and provide trauma-informed care.</li> <li>HAB also funded a special project of national significance (SPNS) to identify, pilot test, and evaluate innovative intervention strategies to improve health outcomes among three priority populations: people with SUD, LGBTQ+ youth, and people who are or have been justice involved. Comprehensive implementation guides for this SPNS will be made publicly available.</li> <li>In FY 2023, 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. In 2021, nearly 90% of RWHAP clients who received medical care from RWHAP providers during the year and had at least one viral load test were virally suppressed, and disparities among priority populations are narrowing.</li> <li>In addition, HRSA, CDC, and HUD hosted a virtual Technical Expert Panel to examine opportunities and barriers to accessing HUD assisted housing (including, but not limited to, the Housing Opportunities for Persons with AIDS [HOPWA] program).</li> </ul>
NIH	<ul style="list-style-type: none"> <li>NIH is committed to addressing stigma and discrimination across populations and conditions that exacerbates health disparities and inequities. NIH developed a <a href="#">Stigma and Discrimination Research toolkit</a>, a collection of evidence and resources designed to aid researchers and government officials in integrating stigma research into policy. This toolkit is also intended for community agencies and various organizations across disciplines and sectors. In addition, NIH established an HHS-wide Stigma Working Group focused on stigma and discrimination research with a particular focus on HIV-related intersectional stigma.</li> </ul>

Agency	Action
NIH	<ul style="list-style-type: none"> <li>In FY 2022, NIH supported 69 early-stage investigators studying HIV, an 8% increase from FY 2021. To sustain and expand this support, NIH gathered comprehensive, multi-sector input to <a href="#">improve outreach to the next generation of HIV researchers</a> as well as training and capacity-building programs. In 2023, NIH hosted a workshop with more than 500 registrants to stimulate networking and facilitate information exchange regarding NIH HIV research funding processes.</li> </ul>
OASH	<ul style="list-style-type: none"> <li>The HHS OASH Office of Infectious Disease and HIV/AIDS Policy (OIDP) and ACL partnered on two national prize competitions (\$500,000 each) that focus on innovative efforts to improve health outcomes for people aging with HIV and long-term survivors, particularly among racial and ethnic minority and LGBTQ+ populations, in either rural or urban areas.</li> <li>The U.S. Public Health Service Commissioned Corps, a uniformed service of HHS with more than 6,000 officers, changed its medical standards to begin accepting applicants with HIV. HIV used to be a medically disqualifying condition. As of December 1, 2022, applicants with HIV who are on treatment with antiretroviral therapy, who have an undetectable viral load, and show no evidence of impaired immunity, will not be medically disqualified from serving as a Public Health Service officer for this condition.</li> </ul>
OCR (HHS)	<ul style="list-style-type: none"> <li>OCR updated the <a href="#">HHS Language Access Plan</a> to improve the accessibility of its materials and services to individuals with limited English proficiency, by translating documents and materials related to race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity) discrimination and harassment; providing in-person and telephonic interpreter services; and distributing program information and public outreach materials in other languages.</li> <li>OCR also issued the 2023 Language Access Annual Progress Report, which summarizes HHS’s benchmarks and progress toward improving the provision of meaningful access to language assistance services to individuals with limited English proficiency. Among other things, the report summarizes HHS’s upcoming plans to hire a language access coordinator to supervise a new, centralized language access unit for HHS. The report was translated into English, Spanish, Chinese, and traditional Chinese.</li> <li>OCR issued a Notice of Proposed Rulemaking for Section 1557 of the Affordable Care Act. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities, and OCR staff are currently working to complete the final rule for publication.</li> <li>OCR and the U.S. Attorney’s Office for the District of New Jersey secured a settlement agreement to resolve allegations that Comfort Hands Home Healthcare, LLC (Comfort Hands), a home healthcare provider, discriminated against a person with HIV in violation of the ADA, the Rehabilitation Act, and the Patient Protection and Affordable Care Act. Following an investigation, HHS OCR and the U.S. Attorney’s Office found that Comfort Hands, of Marlton, New Jersey, unlawfully discriminated against a potential client by denying home health care services based on her HIV status. More information is available here: <a href="#">HHS and the U.S. Attorney’s Office Secures Agreement Resolving HIV Discrimination Complaint Involving a New Jersey Home Healthcare Provider</a></li> </ul>

Agency	Action
OCR (HHS)	<ul style="list-style-type: none"> <li>OCR proposed a rule under Section 504 of the Rehabilitation Act of 1973, which protects the rights of persons with disabilities from discrimination, including individuals with HIV/AIDS status. This rule, among other things, requires that medical decisions be based on medicine and not stereotypes or bias, and works to ensure that. The comment period closed in November, and OCR is working to finalize this rule. More information is available here: <a href="#">HHS Issues New Proposed Rule to Strengthen Prohibitions Against Discrimination on the Basis of a Disability in Health Care and Human Services Programs</a></li> </ul>
SAMHSA	<p>Through MAI, the Center for Substance Abuse Treatment issued a funding announcement in 2022 and funded three grants in the Portable Clinical Care Pilot Project, which aims to provide comprehensive health care for racial and ethnic medically underserved people experiencing unsheltered homelessness through portable clinical care delivered outside that is focused on the integration of behavioral health and HIV treatment and prevention services. Recipients will be expected to take a syndemic approach to health care delivery through utilization of low-barrier SUD treatment; mental health care; HIV and viral hepatitis testing and treatment; HIV prevention including condom, PrEP and PEP distribution, and harm reduction services.</p>

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

During the past 2 years, OIDP has aligned the priorities for awards made through the Minority HIV/AIDS Fund (MHAF) with NHAS priority populations and objectives as well as EHE. MHAF is a portion of MAI that allocates annual resources to the HHS Secretary, which are managed by OIDP on behalf of OASH. OIDP administers a process through which eligible HHS agencies apply for funding for innovative and impactful HIV activities that supplement their existing efforts to engage and serve racial and ethnic minority populations disproportionately affected by HIV. Among the activities supported by MHAF during 2022 and 2023 are

- Designing, implementing, and evaluating evidence-based interventions to enhance the delivery and utilization of HIV care and treatment and improve health outcomes for Black women with HIV.
- Providing training and technical assistance to support the scale-up of and access to HIV prevention services in STD specialty clinics in EHE jurisdictions.
- Enhancing data collection on HIV-related behaviors, gaps in and barriers to services, and other experiences of racial and ethnic minority transgender women.
- Developing, implementing, and evaluating status-neutral approaches to improve HIV prevention and health outcomes for racial and ethnic minorities.
- Piloting an HIV self-test distribution project.
- Supporting HIV health disparity research led by NIH-supported Research Centers in Minority Institutions in collaboration with NIH-supported Centers for AIDS Research and community-based organizations, providing mentorship in HIV research for investigators from minority backgrounds.
- Expanding community engagement in health communications initiatives by promoting the “I am a Work of ART” campaign and its Spanish-language version, “Celebro mi salud,” as resources to support linkage to care, retention in care, and viral suppression efforts.





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

Agency	Interim Action
BOP	BOP has revamped its National Performance Measures (NPM) and updated an internal dashboard used to assess progress toward NPM goals. The NPM guidance document will be released by the end of calendar year 2023 with specific activities that facilities not meeting goals should take to improve HIV testing and care.
CMS	<ul style="list-style-type: none"> <li>• CMS supports the EHE initiative through efforts such as the quality measure “HIV Viral Load Suppression” on the Medicaid Adult Core Set and a joint HRSA/CDC project “Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set.” CMS reports publicly on Core Set measures that have been reported by at least 25 states. CMS also provides technical assistance for all measures on the Core Set and is participating in a HRSA project to improve reporting</li> <li>• Beginning in 2021, CMS collaborated with HRSA on a 3-year initiative to develop strategies to build capacity among HIV surveillance and Medicaid programs for reporting high-quality HIV viral suppression data for the Core Set. The agencies worked together in planning and facilitating learning sessions with representatives of nine states participating in the program. CMS then hosted a meeting in March 2023 for state Medicaid and CHIP quality teams to promote new funding opportunities and provide lessons learned by participating states.</li> </ul>
HUD	HUD sponsored the Housing as an Intervention to Fight AIDS (HIFA) competitive grants <a href="#">program</a> . Twenty grantees were funded to provide housing assistance and supportive services to people with HIV who have low-income and their families, coordinate and plan activities, and manage/administer grants. Grantees have completed the first of 3 years of implementing innovative projects that elevate housing and align with initiatives aimed at ending the HIV/AIDS epidemic. All projects participate in a technical assistance initiative to identify and document promising and innovative practices to share with broader provider networks.
IHS	IHS and collaborators completed the Indigenous HIV/AIDS Syndemic Strategy (or Indigi-HAS) plan in November 2022 and are now working to disseminate the plan and promote implementation in local communities.
NIH	NIH, CDC, HRSA, and other agencies are collaborating in the Interagency Federal Implementation Science Workgroup to share information and coordinate research-program activities. These agencies partner to determine priority areas for NIH-funded EHE and related implementation research to improve interagency collaboration and address critical gaps that meet evolving and urgent community needs. Agencies aim to optimize geographic reach, meet the needs of priority populations, work closely with community organizations, and enhance service delivery, while producing actionable tools and approaches for dissemination. Multiple agencies participated in the <a href="#">NIH-hosted national EHE meeting in September 2022</a> to share best practices and generalizable findings.

Agency	Interim Action
OASH	<p>OASH’s OI DP developed and launched in fall 2023 a re-designed and improved America’s HIV Epidemic Analysis Dashboard (AHEAD). AHEAD is a tool that supports implementation of the EHE initiative, tracking progress toward its goals. The interactive dashboard tracks the six EHE indicators in the 57 prioritized jurisdictions as well as for all states and for the nation. The updated dashboard offers users the latest data and new ways to visualize it, and incorporates information about SDOH by jurisdiction. This work was done in collaboration with CDC.</p>
OCR (HHS)	<ul style="list-style-type: none"> <li>• OCR enforces compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule right of access, which ensures that individuals (including individuals with HIV) or their personal representatives can review, request changes to, and get copies of their medical records from their health plans and HIPAA-covered health care providers, within 30 days (or 60 days with an applicable extension) after the initial request. HHS/OCR will also consider appropriate actions in response to complaints that a covered entity or business associate violated an individual’s health information privacy rights, or committed another violation of the Privacy, Security or Breach Notification Rules.</li> <li>• From 2022 to date, OCR resolved 21 investigations as part of its right of access initiative. OCR created this initiative to support individuals’ right to timely access to their health records at a reasonable cost under the HIPAA Privacy Rule.</li> </ul>
ONC	<ul style="list-style-type: none"> <li>• ONC works to address SDOH in all its work, including the United States Core Data for Interoperability (USCDI) v4USCDIv3 , and, subsequently, USCDIv4. USCDIv3 includes new data classes and data elements such as health insurance information and functional status. USCDIv4 includes additional data elements for substance use, alcohol use, and several laboratory data elements relevant to improving care related to SDOH.</li> <li>• In February 2023, ONC released the SDOH Information Exchange Toolkit, a practical, on-the-ground resource designed to aid the health IT community in the implementation of initiatives that recognize the importance of SDOH information exchange.</li> <li>• ONC continued to host the SDOH Information Exchange Learning Forum, bringing together health care providers, payers, health IT developers, health information exchanges, community-based organizations, and other entities to share lessons learned, promising practices, and challenges related to exchanging SDOH data.</li> </ul>

## NATIONAL STRATEGIC PLANS: ADDRESSING THE SYNDEMIC

The *National HIV/AIDS Strategy for the United States 2022–2025*, along with the *Sexually Transmitted Infections (STIs) and Viral Hepatitis National Strategic Plans* identified the need to **integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence.**

Since the release of these strategic plans, nonfederal stakeholders and federal agencies have taken an array of actions to facilitate integrated, syndemic programs, policies, and research. Indeed, many had already recognized the importance of this approach and implemented actions even prior to release of the strategic plans.

- HHS OIDP convened a Syndemic Steering Committee to bring together federal leaders from across the U.S. government to identify, develop, and adopt federal actions and policies that address the syndemics of HIV, viral hepatitis, STIs, mental health, and reproductive and sexual health.
- The HHS MHAF included among its priority domains for funding applicants in FY 2023 the request to pilot and evaluate the use of a syndemic approach to address racial and ethnic disparities in diagnosis, prevention, and care.
- CDC, HRSA, and SAMHSA released administrative and policy guidance supporting the flexible use of federal funds to respond to mpox and other syndemic conditions.
- CDC continued funding to support the success of EHE-funded STD specialty clinics in 2023 with the release of funding opportunity: Support and Scale Up of HIV Prevention Services in Sexual Health Clinics. Additionally in 2023, 26 clinics were funded under the opportunity Enhancing STI and Sexual Health Clinic Infrastructure which includes opportunities to expand access to STI prevention and other sexual health services supporting a syndemic approach. CDC EHE-funds are also supporting multi-site evaluations of the feasibility and effectiveness of STI service integration into harm reduction settings, and harm reduction services into STI settings to address the intersection of drug use and STI/HIV.

More integration and collaboration is needed as the nation continues to address the intersections of drug use, STIs, and access to HIV prevention and treatment services.



# APPENDIX A: NHAS 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**

Office of the Assistant Secretary of Defense (Health Affairs)

## **Department of Education**

Office of Elementary and Secondary Education  
Office for Civil Rights

## **Department of Justice**

Bureau of Prisons  
Civil Rights Division

## **Department of Health and Human Services**

Administration for Community Living  
Agency for Healthcare Research and Quality  
Centers for Disease Control and Prevention  
*Division of Adolescent and School Health*  
*Division of HIV Prevention*  
*Division of STD Prevention*  
*Division of Viral Hepatitis*  
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  
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 Infectious Disease and HIV/AIDS Policy*  
*Office of Minority Health*  
*Office of Population Affairs*  
*Office of Disease Prevention and Health Promotion*

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*

## **Department of Housing and Urban Development**

Office of Public and Indian Housing  
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

## **Equal Employment Opportunity Commission**

# APPENDIX B: ABBREVIATIONS

ACL	Administration for Community Living
ADA	Americans with Disabilities Act
BOP	Bureau of Prisons
BPHC	Bureau of Primary Health Care (HRSA)
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
DHP	Division of HIV Prevention (CDC)
DOD	U.S. Department of Defense
DOJ	Department of Justice
ED	U.S. Department of Education
EHE	<i>Ending the HIV Epidemic in the U.S.</i>
FDA	Food and Drug Administration
FY	fiscal year
HAB	HIV/AIDS Bureau (HRSA)
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
IHS	Indian Health Service
MAI	Minority AIDS Initiative
MHAF	Minority HIV/AIDS Fund
NHAS	National HIV/AIDS Strategy
NPM	National Performance Measures
OASH	Office of the Assistant Secretary for Health (HHS)
OCR (HHS)	Office for Civil Rights
OIDP	Office of Infectious Disease and HIV/AIDS Policy (OASH)
ONC	Office of the National Coordinator for Health Information Technology
PEP	post-exposure prophylaxis
PrEP	pre-exposure prophylaxis
RWHAP	Ryan White HIV/AIDS Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	social determinants of health
SSP	syringe services program
STD	sexually transmitted disease
STI	sexually transmitted infection
SUD	substance use disorder
VA	U.S. Department of Veterans Affairs



WHITE HOUSE OFFICE  
OF NATIONAL AIDS POLICY

For more information visit [www.hiv.gov/NHAS](http://www.hiv.gov/NHAS)