HIV Clinicians Reveal High Rates of Service Disruptions Nationwide

70% of surveyed HIV specialists reported disruptions, mostly to gender-affirming care, housing services, PrEP access and mental health care.

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HIV services across the nation, including HIV prevention and treatment programs, are experiencing significant disruptions, unprecedented threats and increasing restrictions, according to a recent survey of HIV clinicians. What's more, 77% of the HIV specialists in the survey anticipate "moderate to significant disruptions" in the next 12 to 18 months.

The most frequently disrupted services included gender-affirming care, housing programs, mental health care and PrEP and PEP services, meaning those providing pre- and post-exposure prophylaxis to prevent HIV. The Midwest and South have been hit the hardest.

"Disruptions to testing, prevention, care and treatment services jeopardize the foundation of our efforts to end the U.S. HIV epidemic. Every delayed test, every missed prevention or treatment opportunity risks lives," noted José M. Zuniga, president and CEO of the International Association of Providers of AIDS Care (IAPAC), which participated in the survey. "IAPAC stands ready to support our clinical and community partners to ensure a continuity of services so that no one is left behind."

The disruptions are the result of federal funding cuts under the Trump administration and its restrictions regarding where and to whom federal dollars may be directed. To assess the impact of this situation on HIV services, several providers formed the Emergency HIV Clinical Response Task Force. In addition to IAPAC, other members include the American Academy of HIV Medicine, the Association of Nurses in AIDS Care, the Gay and Lesbian Medical Association and the HIV Medicine Association.

The task force recently surveyed HIV clinicians, including doctors, nurse practitioners, pharmacists, case managers, social workers and mental health providers. With over 526 unique responses, 70% of them reported service disruptions.

Here's a snapshot of the most frequently reported disruptions:

- Gender-affirming care: 33% of respondents reported these disruptions
- Housing related support services: 26%
- PrEP or PEP access: 25%
- Mental health care: 23%
- Navigation and case management: 22%
- Linkage to HIV care: 18%
- Transportation support: 18%
- HIV testing: 16%
- HIV treatment: 16%
- HIV clinical monitoring and care: 11%.

HIV service disruptions were reported across U.S. regions:

- Midwest: 77%
- South: 71%
- West: 66%

- Northeast: 63%.

Survey findings noted the following populations were most affected by the disruptions:

- Transgender individuals: 41%
- Immigrants or undocumented individuals: 38%
- People experiencing homelessness/unstable housing: 29%
- LGBQ individuals: 29%
- Latinx/Hispanic individuals: 29%.

“The findings from this Emergency HIV Clinical Response Task Force survey confirm the impact of U.S. federal policy and funding headwinds is being felt across the country right now,” said IAPAC’s Zuniga, who also pens a POZ Blog for Zero HIV Stigma.

The situation may become worse. As the survey was conducted, the House of Representatives has proposed gutting HIV prevention funding by nearly $2 billion at the Centers for Disease Control and Prevention, and lawmakers want to cut $525 million from the Ryan White HIV/AIDS Program, which provides grants to local HIV providers. In fact, slightly more than half of people diagnosed with HIV in the United States rely on HIV services, including HIV meds, provided by Ryan White funds. For more details, see “If Congress Ends Ryan White HIV Services, How Many Americans Will Contract HIV?” (The answer: Researchers predict a 49% spike in cases—or 75,000 excess HIV diagnoses—in the next five years.) In light of these proposed federal cuts, state and local health departments are also trimming their budgets for HIV services.

“The U.S. HIV response stands at a perilous crossroads,” wrote Zuniga in an IAPAC blog post related to the “sobering” survey findings. “After decades of progress driven by bipartisan support, scientific breakthroughs and community resilience, the programs that could bring us within reach of ending the HIV epidemic are now under threat.”

He urged: “The survey findings are both a warning and a call to action to address the urgency of now. HIV service disruptions are no longer predicted or anecdotal. Lifesaving services for vulnerable communities are being disrupted, with more disruptions projected because decisions affecting people’s health are being informed by ideology—not public health rationale. For me, the

message from the front lines is clear: If we fail to act now, we face the prospect of a resurgence in new HIV infections and AIDS-related deaths.”

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