

HIV Specialists Are in Short Supply

Over 1,500 more experienced providers will be needed to meet HIV care goals, especially in the South.

November 16, 2025 By [Liz Highleyman](#)

The United States will need more than 1,500 additional experienced HIV health care providers to meet goals for HIV testing and treatment, according to an analysis presented at [IDWeek 2025](#). The study identified substantial geographic and racial/ethnic disparities, with especially pressing shortages in the South.

As HIV treatment has improved, fewer people living with the virus are developing advanced immune suppression and opportunistic illnesses. Modern antiretroviral therapy is highly effective and generally convenient and well tolerated, so some routine HIV care can now be managed by primary care providers. But people aging with HIV have a host of coexisting health conditions that can complicate HIV care, and patients with mental health issues and other adverse determinants of health face extra challenges, so experienced specialists are still crucial.

Dona Khoshabafard, PharmD, of Gilead Sciences, and colleagues used the IQVIA medical claims database to identify experienced HIV care providers, defined as those who cared for at least 25 people with HIV between 2022 and 2024. They also collected data on patient demographics and socioeconomic determinants of health drawn from a variety of sources. Counties were considered to have an HIV provider shortage if the specialist-to-patient ratio was below average.

The researchers identified some 21,000 HIV specialists across nearly 3,000 counties. The most common practice fields were family medicine, infectious diseases and internal medicine. The analysis found that an additional 1,565 specialists would be needed to meet UNAIDS 90-90-90 targets, meaning 90% of people living with HIV know their status, 90% of those diagnosed are on treatment and 90% of those have achieved viral suppression.

The analysis showed that shortages of experienced HIV providers are most acute in the South, with the biggest gaps in Texas (236 more providers needed) and Georgia (137 more needed). In 2023, just over half of all people newly diagnosed with HIV lived in the South, according to the Centers for Disease Control and Prevention.

The national average specialist-to-patient ratio was 11 providers per 1,000 people with HIV, rising to 13 per 1,000 in counties that had achieved at least one of the UNAIDS targets. Here, too, there was substantial geographic variation, with the ratio falling to 8 per 1,000 in the south.

Many of the most experienced HIV clinicians work in cities in the Northeast or on the West Coast that were first hard hit by AIDS. In fact, 98% of the identified HIV specialists practice in urban areas, leaving rural areas underserved.

What's more, about half work in racially and ethnically mixed neighborhoods and another third in predominantly white neighborhoods. Only 4% practice in mainly Black neighborhoods and 8% in mainly Latino neighborhoods, despite the fact that the HIV burden is higher in those communities. Just 13% worked in low-income areas and 14% in areas with low health insurance coverage.

In [a related analysis](#) presented at this year's Conference on Retroviruses and Opportunistic infections, Khoshabafard and colleagues likewise identified shortages and geographical disparities in the availability of providers offering [pre-exposure prophylaxis \(PrEP\)](#). Here, too, PrEP provider availability was lowest in the South. Only 5% of PrEP providers practiced in mainly Black neighborhoods, 8% in mainly Latino neighborhoods and 13% in low-income neighborhoods.

Addressing these demographic, socioeconomic and geographic disparities in HIV care requires targeted workforce investments, including incentives for providers to serve people in areas of highest need, the researchers concluded.

While more resources are needed, the opposite is happening under the Trump administration. Federal funding cuts to HIV prevention and care services, reduced spending for clinics serving low-income people, restrictions on foreign medical providers on H-1B visas (who tend to work in rural areas) and cuts to Medicaid and Affordable Care Act subsidies could make shortfalls in HIV care even worse in the years to come.

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