

# Ryan White Program 2030: Engaging People with HIV in Care to End the HIV Epidemic

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In 2024, the Health Resources and Services Administration's (HRSA's) HIV/AIDS Bureau (HAB) introduced **Ryan White Program 2030 (RWP 2030)**, a renewed vision for the Ryan White HIV/AIDS Program (RWHAP). RWP 2030 builds on the foundation of the RWHAP and innovative, low-barrier strategies employed in the Ending the HIV Epidemic in the U.S. (EHE) initiative. This framework is designed to sustain high-quality care and treatment for people currently receiving services through the RWHAP **while expanding efforts to identify and engage individuals with HIV who are undiagnosed or out-of-care<sup>i</sup>**.

Achieving this goal requires a comprehensive, collaborative approach that builds upon existing successes and resources while fostering innovation<sup>ii</sup>. At its core, RWP 2030 reflects the RWHAP's shared commitment to improving health outcomes for people with HIV. This vision calls on the HIV community to establish and strengthen partnerships, prioritize community engagement, and utilize focused interventions to end the HIV epidemic. This will require collaboration across sectors, innovation in care delivery, and a commitment to addressing barriers to care. The RWHAP must also engage individuals with lived experience and non-traditional partners to inform program planning<sup>iii</sup> and care models that are responsive to the needs of these communities.

Since 2010, viral suppression among people receiving HIV medical care through the RWHAP has increased significantly, from 69.5% to 90.6% in 2023. Thanks to advancements in treatment, HIV is now a manageable chronic condition for individuals who remain engaged in care, allowing them to live long, healthy lives while preventing HIV transmission to others. Preventing new HIV infections not only reduces the spread of the virus but also reduces long-term healthcare costs. Despite this progress, approximately 40% of people with HIV in the U.S. are either undiagnosed or not receiving regular care, contributing to most new HIV infections. Addressing these gaps is essential to achieving the goal of ending the HIV epidemic.

The EHE initiative has demonstrated the power of targeted investments and innovative strategies. In 2022, EHE-funded providers served over 22,000 individuals who were new to care and re-engaged more than 19,000 individuals who were out of care. Remarkably, 79.2% of individuals new to care reached viral suppression, underscoring the effectiveness of the RWHAP's collective efforts. These successes highlight the importance of combining strategic investments with community-driven planning to achieve high-impact outcomes.

Ryan White HIV/AIDS Program recipients play a critical role in advancing the goals of RWP 2030 and are responsible for employing sound planning and decision-making processes to determine which HIV-related services are prioritized, and how much to fund them. As part of these responsibilities, RWHAP recipients must continue to base service priorities and

resource allocation decisions on the size, demographics, and needs of people with or affected by HIV. RWP 2030 specifically entails a renewed focus on reaching those who are undiagnosed or out of care. This may necessitate a re-evaluation of existing resource allocations to ensure outreach, engagement, and support efforts are effectively scaled to meet the needs of people and communities disproportionately impacted by HIV while still addressing the needs of individuals who are currently receiving care through the RWHAP.

HRSA HAB encourages RWHAP recipients and HIV community members to engage subrecipients and partners in discussions about this vision and its implications for your work. HRSA HAB is working to develop additional guidance and tools to support your efforts in implementing RWP 2030.

Moving forward, the HIV community can leverage the infrastructure and expertise of the RWHAP and the innovations and high impact activities learned from the EHE initiative, to accelerate reaching people with HIV who are out of care, ensuring that no one is left behind in our efforts to end the HIV epidemic.

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<sup>i</sup> Legal authority: §§ 2602(b)(4), 2617(b), 2664(a), and 2671(c) of the Public Health Service (PHS) Act.

<sup>ii</sup> Legal authority: §§ 2603(b)(2)(B), 2620, 2654(c), and 2691 of the PHS Act.

<sup>iii</sup> Legal authority: § 2681 of the PHS Act.