



Ryan White HIV/AIDS Program (RWHAP) Service Delivery by the Numbers (2024)

The Ryan White HIV/AIDS Program (RWHAP) provides low-income people with HIV with medical care, medications, and support services to help them stay in care. In 2024, more than half of all people with diagnosed HIV—over 600,000 people—received services through the RWHAP.^{1,2} Through these services, in 2024, 91.4% of RWHAP clients receiving medical care reached viral suppression, which means they cannot sexually transmit HIV and can live longer and healthier lives.

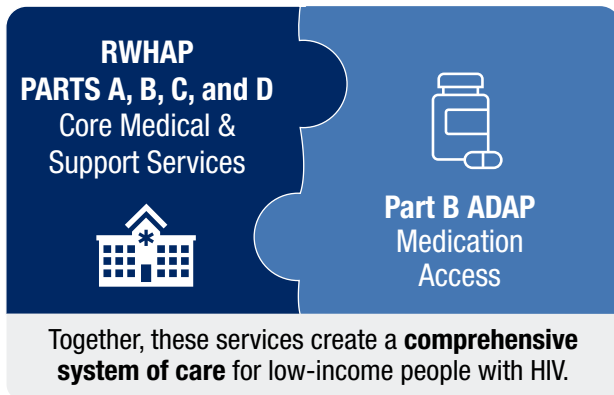
How can people with HIV access RWHAP services?

RWHAP services are delivered to people with HIV by more than 1,500 provider organizations and 54 AIDS Drug Assistance Program (ADAP) recipients across the United States, including:

- Community-based service organizations
- Health centers
- Health departments
- Hospital- and university-based clinics
- Private medical practices (independent or group)
- Other providers (e.g., substance use disorder treatment and mental health centers)

The RWHAP statute describes a range of core medical and support services for which RWHAP funds can be used across **RWHAP Parts A, B, C, and D** to improve access to—and quality of—HIV health care and support. These services also include **Part B ADAPs** that provide medications to low-income people with HIV.^{3,4}

- **Core medical services** address the direct medical needs of people with HIV through medical care and HIV-related medications.
- **Support services**, such as non-medical case management and transportation, help ensure that low-income people with HIV are able to access medical services and stay engaged in HIV care.



RWHAP core medical, support, and ADAP services work together to create a comprehensive system of care for low-income people with HIV.

People are eligible to receive RWHAP services when they meet each of the following factors:

1. A documented *diagnosis* of HIV
2. *Low-income*, defined by each RWHAP recipient
3. *Residency* within a recipient's service area, defined by each RWHAP recipient

The RWHAP is a **payor of last resort**, which means that funds are not to be used for services if another source of payment is available.

- The RWHAP statute requires that:
 - At least 75% of Part A, B, and C grants must be used toward core medical services.
 - ADAP funds must go toward supporting HIV-related medications or health care coverage.
- In addition, recipients funded through the Ending the HIV Epidemic in the U.S. (EHE) initiative may also use their EHE funds to deliver EHE initiative services that do not meet the definition of one of the existing RWHAP service categories.

RWHAP recipients at the local and state levels decide which services will be funded so that their service delivery system is responsive to and tailored to local needs.

RWHAP planning bodies and planning councils set local priorities informed by:

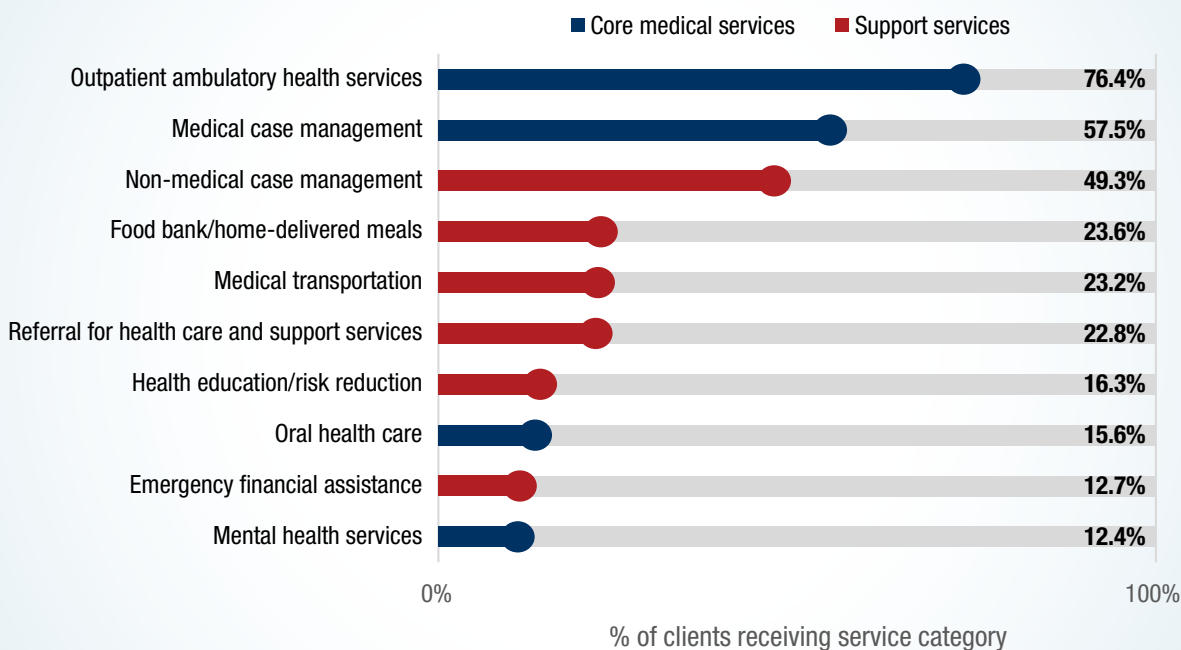
- Needs assessments
- Availability of resources, partners, and expertise
- HIV epidemiological trends
- Local health care landscape
- Community engagement, including people with HIV

What types of core medical and support services does the RWHAP provide?

RWHAP providers deliver **both core medical and support services** through direct RWHAP funding or RWHAP-related funding (e.g., program income), as a subrecipient, or both.

Figure 1

The Top 10 Most Common Services Delivered by RWHAP Providers in 2024 (non-ADAP)—United States and 3 territories*



Notes:

- Figure includes only clients receiving services directly from RWHAP funding.
- Clients who received multiple services are counted in each received RWHAP service.
- "Core medical services" includes RWHAP clients who are HIV positive or presumed positive.

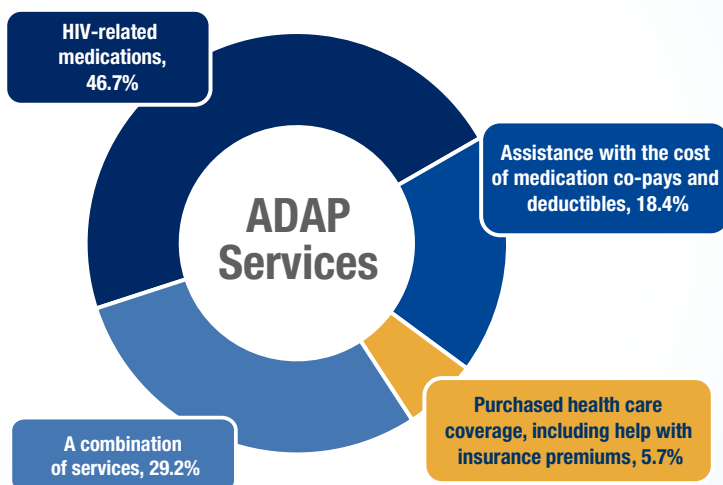
*Guam, Puerto Rico, and the U.S. Virgin Islands

How do RWHAP services provide a comprehensive system of care?

Many clients also receive ADAP services. Each state or territory operates an ADAP, which is unique due to the state's/territory's HIV epidemic, health care coverage, and administrative structures. Also, each state/territory decides, within federal guidelines, who is eligible for ADAP and which HIV-related medications to include in its formulary.

Figure 2

ADAP Services Received, 2023—United States and 3 territories*



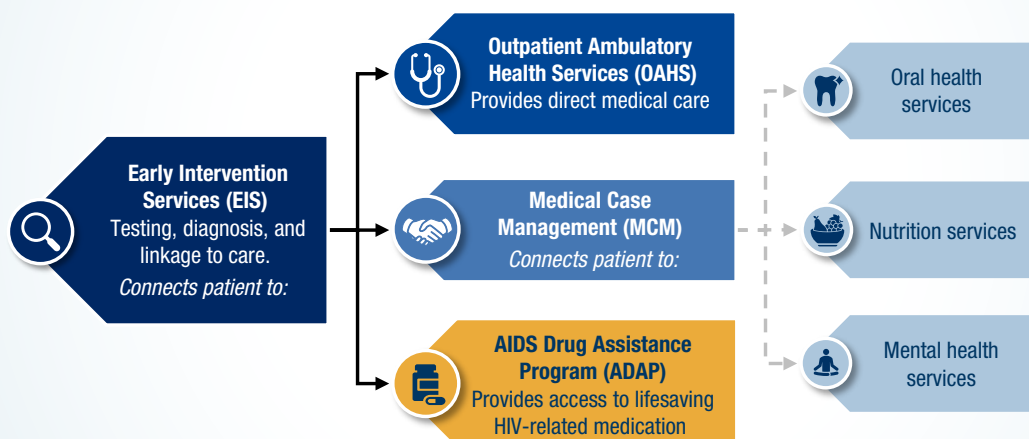
*Guam, Puerto Rico, and the U.S. Virgin Islands

How can these services work together for an RWHAP client?

Person A receives a new HIV diagnosis. When they are informed of their diagnosis, they receive **early intervention services**. These services connect them to direct medical care (i.e., **outpatient ambulatory health services**), **medical case management**, and **ADAP**. Through **medical case management**, the person is connected to providers for **oral health care**, **medical nutrition therapy**, and **mental health services**. Through their state's **ADAP**, they gain access to lifesaving HIV-related medications.

Figure 3

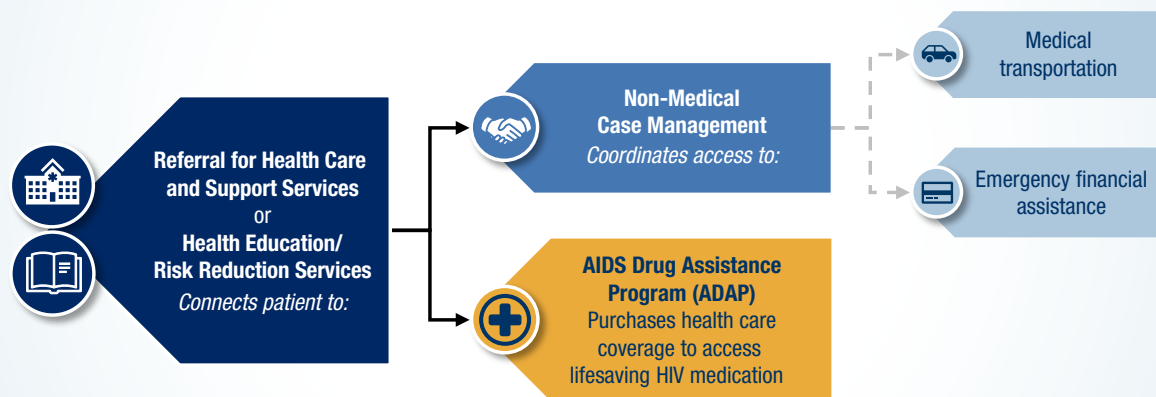
Person A's RWHAP Care Journey



Person B is an established RWHAP client whose financial situation has changed. Their primary HIV medical provider **referred them for RWHAP health care and support services or health education/risk reduction services**. These services connect them with **non-medical case management**, which coordinates access to **medical transportation** so that they can attend their appointments and to **emergency financial assistance** to assist with overdue utilities. They also are eligible for **ADAP**, which helps them with purchasing health care coverage, through which they can access HIV-related medications.

Figure 4

Person B's RWHAP Care Journey



For both Person A and Person B, RWHAP services facilitated their engagement in HIV care, access to HIV-related medications, reaching and maintaining viral suppression, and improved health outcomes.

The range of RWHAP services are essential to reach and engage people with HIV in care. Approximately 87% of new HIV transmissions result from people with HIV who are undiagnosed or not engaged in HIV care.⁵

The **Ryan White Program Moving Forward (RWP Moving Forward)** builds on the successful foundation of the RWHAP to **sustain** high-quality care and treatment for people currently receiving RWHAP services while **expanding** efforts to identify and engage people with HIV who are undiagnosed or out of care.⁶

Key approaches in RWP Moving Forward include innovation in care delivery, using focused interventions, and addressing barriers to care—**all of which can be addressed through RWHAP service categories**. Initiating antiretroviral therapy (ART) immediately or as soon as possible after HIV diagnosis, administering long-acting injectables, and delivering services through telehealth and mobile units are just a few examples of innovative ways that RWHAP services can help end the HIV epidemic.

References:

1. HRSA. *Ryan White HIV/AIDS Program Annual Data Report 2024*. December 2025. <https://ryanwhite.hrsa.gov/data/reports>.
2. HRSA. *Ryan White HIV/AIDS Program AIDS Drug Assistance Program Annual Data Report 2023*. November 2025. <https://ryanwhite.hrsa.gov/data/reports>.
3. Public Health Service Act, XXVI, U.S.C. § 2602, (2015). <https://ryanwhite.hrsa.gov/about/legislation>.
4. HRSA. *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*. PCN 16-02. <https://ryanwhite.hrsa.gov/program-letters/policy-notices>.
5. Baxter A, et al. Updates to HIV Transmission Rate Estimates Along the HIV Care Continuum in the United States, 2019. *JAIDS*. 2025. 99(1):47-54.
6. HRSA. *Ryan White Program Moving Forward: Engaging People with HIV in Care to End the HIV Epidemic*. <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/ryan-white-program-moving-forward-briefer.pdf>.