

SUPPORTING HIV PROGRAMS THROUGH COVID-19 AND BEYOND IS CRITICAL TO HEALTH EQUITY

HIV, hepatitis, and sexually transmitted infection (STI) community-based organizations, activists, researchers, and providers have provided critical leadership in response to COVID-19. While laudable, these efforts, along with stay-at-home orders, the physical closure of clinics and programs, and the economic crisis from mass joblessness, have led to treatment delays and fewer people receiving adequate prevention services. Growing state and local budget crises also place HIV programs at risk of funding cuts. The Ending the HIV Epidemic (EHE) Initiative brought the first substantial increases in discretionary HIV funding in years. Reduced support for the EHE and HIV programs amid the COVID-19 crisis could stall or reverse important recent HIV progress.

STRUCTURAL INEQUITIES LINK HIV AND COVID-19

LIFETIME RISK FOR HIV

Ranges from 1 in 2 for Black MSM and transgender women, 1 in 5 for Latinx MSM, 1 in 11 for White MSM to 1 in 140 for white men and 1 in 940 for white women.

COVID-19 RISK

Black, Hispanic/Latinx, and American Indian/Alaska Native people are at an elevated risk for COVID-19 compared to white Americans.

Diagnoses: 2.6-2.8x higher

Hospitalizations: 4.6-5.3x higher

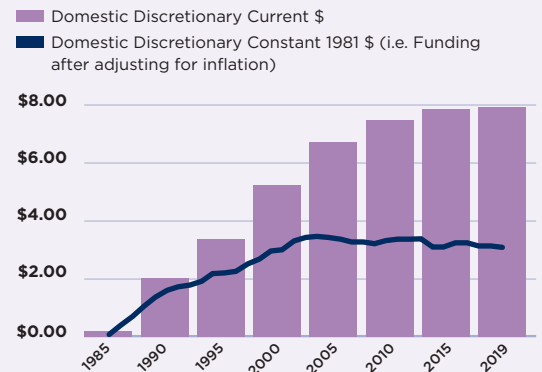
Deaths: 1.1-2.1x higher

COMMON FACTORS THAT ELEVATE RISK

- Racism
- Poverty
- Residential Segregation
- Less Health Care Access
- Immigration Status
- Trauma
- Stigma/Lack of Trust
- Housing Insecurity
- Incarceration

FEDERAL DOMESTIC DISCRETIONARY HIV FUNDING HAS BEEN RELATIVELY FLAT FOR MANY YEARS

FY1981-FY2019 FUNDING IN BILLIONS



SOURCE: Kaiser Family Foundation analysis of data from OMB, CBJS, Congressional Appropriations Bills, personal communication. Constant 1981 \$ based on Consumer Price Index for all urban consumers (CPI-U).

CRITICAL POLICY ACTIONS ARE NEEDED TO INCREASE HEALTH EQUITY AND END THE HIV EPIDEMIC

HARD WON SUCCESSES are easily reversed

If Congress does not provide additional COVID-19-related state fiscal relief, states could be forced to cut essential HIV services. In the last fiscal crisis, state cutbacks led to waiting lists for lifesaving HIV medications through the AIDS Drug Assistance Program, which must be prevented. Action is needed to:

- **Provide federal COVID-19 relief to states to minimize harmful health and social services cuts;**
- **Maintain the commitment to funding the EHE Initiative; and**
- **Strengthen the healthcare system and increase reliable funding for public health.**

STRUCTURAL FACTORS drive inequitable outcomes

There is substantial overlap between the communities most heavily impacted by COVID-19 and HIV. These disparities are underpinned by structural racism and are influenced by social determinants of health, including education, employment, health systems, housing, and public safety, among others. To combat the negative effects of COVID-19 and HIV, policy action is needed to:

- **Sustain the community-based response; and**
- **Prioritize equitable access and public investments in human and social services.**

THE HIV RESPONSE can be a model

Improving equity requires an array of policy responses. Action must be taken to:

- **Bolster support for HIV programs, COVID-19 programs, and other health and mental health programs;**
- **Expand leadership opportunities for people of color in the HIV and COVID-19 responses and promote accountability of governments, funders, and community leaders; and**
- **Focus on the aging population.**

BIG IDEAS IN BRIEF