

SEIZING THE MOMENT: ELEVATING BLACK WOMEN IN THE HIV RESPONSE

SIGNIFICANT PROGRESS HAS BEEN MADE IN LOWERING RATES OF HIV TRANSMISSION among U.S. women, including U.S. Black women, but this progress is now at risk. When we speak of Black women, we mean African American women and others of the African diaspora in all of their diversity, including cisgender and transgender women. By focusing on Black women now, 2024 can be a year that produces results if policymakers at the federal, state, and local levels take action:

LEARN MORE TO SET CONCRETE TARGETS

The United States has made great progress at fighting HIV such that it is possible to envision the end of HIV in the U.S. Ending HIV among Black women would be a signal milestone toward ending HIV in all populations because they are an important part of our epidemic and success could stimulate sustained commitment to doing so for all.

Black women comprise a significant share of the HIV epidemic in the United States, yet often feel overlooked in broad national responses to the epidemic.

To achieve this, we need to know what will it cost and what must we do to end HIV among Black women. We need to move from an amorphous goal to a defined target for Congress, the Administration, and state and local policymakers to rally behind. We

also need to know the stages of the HIV care continuum for Black women where Black women are most likely to stop engaging in care.

POLICY ACTION: The NIH should fund modeling studies to identify the resource needs and priority actions to end HIV among Black women.

POLICY ACTION: CDC's Medical Monitoring Project (MMP) should analyze factors driving declines at each stage of the care continuum for cisgender and transgender Black women with HIV.

MAKE STRATEGIC INVESTMENTS TO SUPPORT BLACK-WOMEN LED ORGANIZATIONS

It can be uplifting to consider the resilience of Black communities and identify their assets. This points to a critical strategy of investing in Black women and supporting Black women-led organizations and initiatives to improve health and strengthen Black communities.

POLICY ACTION: CDC, HRSA, SAMHSA, and HHS should use Minority AIDS Initiative (MAI) funds to support Black women-led organizations with the community trust to effectively serve Black women.

POLICY ACTION: HRSA, CDC, and SAMHSA should expand their investments in organizations led by and for Black transgender women.

REFINE CURRENT PROGRAMS TO MAXIMIZE THEIR IMPACT

There is a need to better refine programs and services in ways that speak to the needs of Black women and that explicitly recognize some of the unique circumstances facing transgender and cisgender Black women.

POLICY ACTION: CDC and HRSA should develop an action plan for improving outcomes for Black women along the prevention and care continua that highlights evidence-based interventions, with a special focus on greater use of PrEP to prevent HIV diagnoses in Black women.

POLICY ACTION: To integrate interventions to overcome social, structural, institutional, and behavioral barriers to HIV prevention and care, the NIH should conduct a study of Black women analogous to its landmark study overcoming these barriers for Black gay men.

POLICY ACTION: CDC should disseminate tools for state and local jurisdictions to offer guidance on the proper prioritization of funding for different elements of a comprehensive prevention and care strategy for Black women.

SUCCESS LEADS TO SUCCESS. By taking strong action in 2024 and charting a course to end HIV among Black women, we can leap forward to our goal of ending it for everyone.

*"It's time to make Black women a priority
It's time that we're recognized
It's time for great change
It's time that what we need is realized
Things are not forthcoming
It's frustrating quite naturally
We are a part of this epidemic
And that, others need to see
There are many things in motion
It makes no sense to me
What is happening and why are women
not a priority"*

POETIC EXCERPT WRITTEN BY STACY JENNINGS

