Indian Health Service highlights initiative to eliminate hepatitis C and HIV/AIDS in Indian Country during National Native HIV/AIDS Awareness Day

March 20 is National Native HIV/AIDS Awareness Day. This year the Indian Health Service is highlighting the Eliminating Hepatitis C and HIV/AIDS in Indian Country Initiative. The president’s fiscal year 2020 budget proposal includes $25 million in new investments to expand partnerships between IHS and Native communities to end the HIV epidemic in Indian Country.

The plan and proposed budget would provide treatment and case management services to prevent hepatitis C infection and enhance HIV testing and linkages to care in support of the administration’s Ending HIV Epidemic: A Plan for America.

“During National Native HIV/AIDS Awareness Day, we are excited to highlight the Eliminating Hepatitis C and HIV/AIDS in Indian Country Initiative, part of the president’s Ending the HIV Epidemic: A Plan for America,” IHS Principal Deputy Director Rear Adm. Michael Weahkee said. “This new initiative specifically directs additional funds to Indian Country and provides significant support to the ongoing HIV prevention and treatment provided by IHS and our tribal and urban Indian organization partners. This is a historic turning point in ending HIV in Indian Country.”

Since the late 1980s, enormous progress has been made in the fight against HIV, but there is still work to be done. National interventions have reduced the number of new HIV diagnoses in 2017 to approximately 40,000 per year – the lowest level ever, but not everyone is benefiting equally from these advances. New diagnoses are highly concentrated among men having sex with men; minorities, including American Indians and Alaska Natives; and those who live in the southern United States.

The president’s plan focuses on three major areas of action, one being increasing investments in geographic hotspots. Many of the counties and states identified in the plan are in locations with federal, tribal and urban health sites. American Indians and Alaska Natives are ranked fourth in the nation for the estimated rate of new HIV diagnoses when compared with all other races and ethnicities.

Stigma in Native communities can also be a debilitating barrier preventing someone living with HIV or at risk for HIV from receiving the healthcare services they need and deserve. IHS continues to address barriers for people living on Indian reservations and in other rural communities that limit opportunities for education and HIV testing.

In 2018, IHS received a competitive $3.5 million award from the Secretary’s Minority AIDS Initiative Fund to address communities that are disproportionately affected by HIV. The funds are designed to respond to the National HIV/AIDS Strategy goal of reducing HIV-related disparities and health inequities. These funds are distributed to federal, tribal, and urban Indian health programs around the U.S. supporting local, state, regional, and national HIV education, prevention, and treatment programs.
IHS has applied for $3.5 million in continuing funds in 2019 and an additional $3.5 million from the new FY19 Ending the HIV Epidemic: A Plan for America funding opportunity under the Secretary’s Minority AIDS Initiative Fund.

National Native HIV/AIDS Awareness Day serves as an opportunity to increase awareness of the impact of HIV/AIDS on American Indians, Alaska Natives, and Native Hawaiians. It also welcomes the opportunity for Native people and others to create a greater awareness of the risks of HIV/AIDS to their communities, to remember those who have passed, and to acknowledge those who are effected and affected by HIV/AIDS.

The IHS, an agency in the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives. Our mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Follow the agency via social media on Facebook, Twitter, and LinkedIn.

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