Early Progress in Expanding HIV, Hepatitis C and STI Services for Native Americans

Following National Native HIV/AIDS Awareness Day, the Health Department reports on investments to reach these communities.

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WASHINGTON — March 30, 2026 — The Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) is reporting strong early progress from a $32.1 million investment from the Minority HIV/AIDS Fund (MHAF), awarded six months ago to expand HIV, hepatitis C, and sexually transmitted infection (STI) services in American Indian and Alaska Native communities. The funding, delivered through the Ending the HIV/HCV/Syphilis Epidemics in Indian Country (ETHIC) project, represents the largest single-year MHAF allocation to the Indian Health Service (IHS).

Admiral Brian Christine, Assistant Secretary for Health, said, “Prevention, testing, and treatment services are expanding across Tribal communities, and that progress is essential to ending these epidemics.”

“The ETHIC project serves as a prime example of the IHS’ continued commitment to provide resources to American Indian and Alaska Native communities. The historic funding allocated to the project will contribute to overall health in historically underserved populations,” said IHS Chief of Staff Clayton Fulton.

Recent Progress Through the ETHIC Project

Healthy Native Youth and We R Native

- Supported 21 Tribes with culturally relevant toolkits, youth outreach, and digital education campaigns.

- Developed 19 evidence-based curricula for educators, teachers, and parents.

Indian Country ECHO

- Held more than 300 ECHO clinics on HIV, hepatitis C, sexually transmitted infections, substance use disorder, diabetes, and related conditions.

- Recruited 1,412 clinical sites and trained 2,749 providers.

- Engaged more than 40,000 participants with strong, consistent attendance.

Real-World Impact in Native Communities

- In South Dakota, a tribal clinic met a patient experiencing homelessness at a gas station to complete syphilis treatment, ensuring uninterrupted care.

- In Alaska, at-home testing expanded to include HIV, hepatitis C, and syphilis, reaching individuals who may not access clinic-based services.

- In rural California, a nurse-led mobile clinic delivered rapid HIV, hepatitis C, and STI testing directly to communities, with patients noting that mobile services feel more accessible than clinics.

- In Northern Minnesota, a pharmacy-led maternal testing program produced a 16-fold increase in patient engagement and diagnosed seven times more infections, enabling faster treatment.

- In Phoenix, expanded case management increased access to long-acting HIV treatment and PrEP, helping patients achieve viral suppression.

American Indian and Alaska Native communities continue to experience the highest percentage of undiagnosed HIV infections in the United States, with an estimated 18 to 19 percent compared to 13 percent nationally. Additional data is available through the OASH AHEAD dashboard.

HHS, OASH, and IHS will continue working alongside Tribal and urban Indian partners to expand prevention, testing, treatment, and linkage to care in rural, urban, and underserved communities across Indian Country.

IHS provides health services to approximately 2.8 million American Indians and Alaska Natives who belong to 575 federally recognized tribes in 37 states. The Office of Infectious Disease and HIV/AIDS Policy (OIDP), part of OASH, coordinates federal efforts to reduce infectious diseases and manages the Minority HIV/AIDS Fund.

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