The Ryan White HIV/AIDS Program (RWHAP) works with cities, states, and local community-based organizations to provide HIV care and treatment services to an estimated 512,000 people each year who are uninsured or underinsured. The Program serves low-income and vulnerable populations of people living with HIV (PLWH). The majority of RWHAP funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training, and research on innovative models of care.

The Ryan White HIV/AIDS Program serves more than half a million people, including more than 492,000 people living with HIV. Below are more details about Program clients:

- The majority of clients served by RWHAP are from racial or ethnic minority populations. More than two-thirds of clients are from racial or ethnic minority populations, with 47 percent of clients identifying as black/African American and 22 percent identifying as Hispanic/Latino.
- The majority of clients are male. Approximately 28 percent of clients are female, and just over 1 percent of clients are transgender.

Medical care and treatment improves health and decreases transmission of HIV. Approximately 80 percent of RWHAP clients are retained in HIV medical care, and 81 percent of clients are virally suppressed.¹

The Ryan White HIV/AIDS Program delivers a broad range of services to ensure people living with HIV are able to access and remain in care. The most frequently used services are:

- Outpatient medical care
- Medical case management
- Non-medical case management
- Dental care
- Transportation
- Treatment adherence
- Mental health care
- Health education/risk reduction
- Food banks
- Psychosocial services

In addition, the AIDS Drug Assistance Program (ADAP) provided 264,995 clients with HIV-related medications and/or health care coverage assistance in fiscal year 2013.

¹Retention in care is based on data for PLWH who had at least one outpatient ambulatory medical care (OAMC) visit by September 1 of the measurement year, with a second visit at least 90 days later. Viral suppression is based on data for PLWH who had at least one OAMC visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.