



HIV/AIDS PROVIDER NETWORK BUDGET PRIORITIES

FOR FY 2026-2027 and FY 2027-2028

PROPOSED BUDGET CUTS TO HIV PREVENTION, HARM REDUCTION, AND LGBTQ HEALTH SERVICES DESTABILIZE A FRAGILE SYSTEM OF CARE AND DELAY OUR PROGRESS ON GETTING TO ZERO

The San Francisco Department of Public Health has proposed cutting millions of dollars from our HIV and LGBTQ systems of care. San Francisco has a long and proud legacy of responding to the HIV epidemic and we are at the forefront of cities across the country in developing an innovative system of care and prevention. Unfortunately, our non-profit safety net is stretched thin by increasing costs of doing business, paired with federal cuts and the loss of corporate and foundation support. Public health and LGBTQ health, especially services for the trans community, are under attack at the federal level. These cuts exacerbate the impact of federal policy changes and funding cuts on vulnerable communities.

Our goals of getting to zero new infections, zero HIV deaths, and zero stigma are within reach for San Francisco. Cuts to HIV prevention will harm our efforts to reach zero new HIV infections in San Francisco. They would undermine our collective work to reduce racial disparities in HIV. Cutting HIV prevention, including harm reduction services, makes no public health or fiscal sense, as we will bear the costs of treating HIV, viral hepatitis, and sexually transmitted infections down the road.

San Francisco must stand up for these services and communities and ensure that there are no cuts to HIV prevention, harm reduction, or LGBTQ health services.

Impact of proposed cuts

The San Francisco Department of Public Health (DPH) has proposed \$37 million in cuts to community-based organizations, as well as cuts to DPH staff and closure of health clinics. The overall DPH budget is increasing, however, including a substantial amount of money set aside for potential impacts of federal policy changes, including Medi-Cal eligibility.

SFDPH has proposed cutting \$2.2 million in FY 2026-2027 and an additional \$1.2 million in FY 2027-2028 from HIV community-based organizations. Included in those cuts are \$1.32 million in cuts to the HIV prevention Health Access Points (HAPs). That includes a 6.6% across the board cuts to each of the HAPs, an additional cut of over \$100K to the San Francisco AIDS Foundation's (SFAF) clinical services, and substantial cuts in capacity building for services for the Black/African American and trans communities. Those cuts will jeopardize our progress on getting to zero new HIV infections. Transmissions increased last year for Black/African American women, so reducing capacity building for that community will damage expanding efforts to reach them.

Additional cuts to HIV organizations target behavioral health services, including harm reduction programs which play a key role in HIV prevention. The budget cuts eliminate substance use navigators in multiple HIV organizations. Those positions are well utilized and enable people to access needed substance use disorder treatment. More than \$400,000 will be cut from the syringe "Pick Up Crew" Service at SFAF. The program dispatches staff members to pick up litter reported by community members, conducts neighborhood sweeps, and dispenses overdose prevention medication and education. This program is not underutilized. Cuts to Alliance Health Project (AHP) of \$563K will close their harm reduction supply service which enables DPH clinics across the city to provide clients with life-saving supplies. This will include a loss of at least three staff members who play a critical role in harm reduction supplies distribution, delivering integrated HIV/HCV/STI testing, and who provide important sexual and behavioral health outreach via collaborations with community partners. The clinics and programs served by this contract are not eligible to receive supplies from the state clearinghouse.

Additional budget cuts target organizations reaching vulnerable LGBTQ communities, including Lyon Martin Health Services, LYRIC, and SF Community Health Center. The proposed closure of two youth-serving clinics at Larkin Street Youth Services and Huckleberry House will result in LGBTQ young people losing access to essential health care services, including HIV prevention.

Federal Context

The current federal administration is targeting many of the same services, programs, communities, and organizations. HIV prevention, health services for the trans community and for immigrants, and harm reduction and behavioral health services are all under active attack. Federal funding cuts to SFAF and SFCHC are being held at bay only by legal challenges. Other substantial federal cuts to HIV prevention services in San Francisco are also held up for the moment by lawsuits. Federal policy changes are aimed at defunding, eliminating, or even criminalizing gender affirming care. They are targeting health care for

immigrants and adding work requirements for people on Medi-Cal. Recent federal letters are restricting the use of federal dollars for harm reduction and other behavioral health services such as medications for opioid use disorder. Other states are targeting transgender individuals, prompting many to contemplate moving to states such as California. Florida tried to push people with HIV off of their AIDS Drug Assistance Program.

The City is adding over \$300 million to the SFDPH budget to offset federal cuts, especially to Medi-Cal. Cutting the HIV safety net now while setting aside funding for potential cuts down the road does not make fiscal sense. San Francisco needs to preserve these services so that they can continue to protect vulnerable residents. We can use these funds to protect the programs and communities already being targeted by federal policy changes.

HIV/AIDS in San Francisco

People living with HIV face multiple interconnected issues that we have developed a system of care to manage. Our member organizations serve the 11,500 residents living with HIV in our city. Among the most vulnerable members of our community, our clients are **disproportionately older** (73% over 50 vs. 24% of the general population); **extremely low income** (80% have incomes of less than \$30,000 per year); LGBTQ (90%+), and **homeless or living in an SRO** (at six times the rate of general population). Moreover, most are facing a **multitude of physical and mental health disabilities** as a result of HIV disease.

The most recent HIV Epidemiology Report documented a shocking increase in new HIV infections among Black cis women in 2024. The Black/African American community continues to bear a disproportionate burden of the HIV epidemic here. The transgender community in San Francisco is not only hard hit by HIV but also currently a target of federal efforts to disrupt health care. Substance use continues to not only lead to new HIV transmissions for people who are unable to access sterile injection supplies but is a growing cause of death for people living with HIV, and overdose is now the leading non-HIV cause of death for this group.

Our approach—known across the globe as the “San Francisco Model”—is considered the gold standard because in every measurable way, we are doing better at addressing HIV than almost anywhere else:

- Our model has prevented a record number of HIV infections over the years. Even though our city has one of the highest percentages of residents living with HIV and one of the highest percentages of residents at risk for contracting it, **the rate of new infections here is dramatically lower than nine of the 10 largest cities in the nation**. In 2024, 146 new HIV diagnoses were reported, a 26%+ drop since 2018.

- Every HIV infection that is prevented saves between [\\$420,000 and \\$1,079,999](#) in HIV-related medical costs. Our low rate of new infections saves between \$55 million and \$141.5 million in lifetime medical costs every year.
- **More than nine in 10 of those recently diagnosed with HIV in San Francisco were connected to care within one month of their diagnosis.**
- **Our model has made it possible for HIV+ people to live much longer lives:** 75% of HIV+ people here are over 50, compared to 54% nationwide.

None of this exceptional progress would have been possible without the City's unwavering support since the beginning of the epidemic, when our Board of Supervisors and Mayor became the first jurisdiction to appropriate money to combat the virus. As federal resources have dwindled over the years, we have advocated with generations of City leadership to continue the same level of services. To maintain this robust system of care, however, the City has always backfilled those gaps with its own resources. Each Mayor, since the beginning of the epidemic, has recognized the importance of our system of care and supported funding for HIV services.

About the HIV/AIDS Provider Network (HAPN)

HAPN represents the broad range of organizations serving people living with HIV and those at highest risk of HIV transmission. HAPN is committed to ensuring a coordinated and high-quality system of HIV care, prevention, testing, housing, and supportive services. We focus on addressing health disparities and social determinants of health with a commitment to racial equity. Our member organizations serve the most vulnerable individuals throughout San Francisco, and we work together to avoid duplication, to identify ongoing gaps in services, to continually strengthen the HIV safety net, and to promote innovation, collaboration, and best practices.

The network of our member organizations goes well beyond HIV with respect to overall services, and contributes broadly and comprehensively to the overall system of health care and social services in our City. These services include housing support, substance use and mental health services, employment services, legal services, crisis intervention, LGBTQ community support, food and nutritional support and much more. Since 2020, our member organizations have mobilized efforts to respond to COVID-19, Mpox and the ongoing opioid overdose epidemic. Many have expanded their service portfolio to ensure the most marginalized communities that continue to be disproportionately impacted are not left behind.

