

Sustaining the Fight:

Maintaining HIV Service Funding in Delaware

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Abstract

Delaware has made significant progress in the fight against HIV, thanks to increased access to testing, treatment, and community-driven prevention services. However, this progress is now at risk due to a heavy reliance on federal funding—particularly the \$1.1 million annual support from the CDC’s Division of HIV Prevention—which is currently under threat. Without sustained investment, Delaware could see drastic reductions in HIV testing, education, and outreach, especially among marginalized populations who are already disproportionately affected. Community-based organizations like AIDS Delaware and the Delaware HIV Consortium play a vital role in delivering culturally competent care, case management, and prevention services across the state. Funding cuts would not only jeopardize their efforts but could lead to a resurgence in HIV transmissions and long-term public health costs. Delaware’s HIV response is a model of effectiveness, equity, and compassion—but it cannot survive without stable funding. Continued investment is both a fiscal responsibility and a moral obligation to protect the health of all Delawareans.

Overview

By any measure, Delaware has made significant strides in the fight against HIV. From increased access to testing and treatment to community outreach and education, the state’s response has grown smarter, more compassionate, and more effective over the years. But this progress is neither inevitable nor irreversible. Continued support, particularly through sustained funding, is essential to preserve the hard-won gains made by the state’s dedicated HIV service organizations (HSOs), including AIDS Delaware and the Delaware HIV Consortium.

Delaware’s Unique HIV Landscape

Delaware, though small in size, has a disproportionately high rate of HIV relative to its population. According to the Delaware Division of Public Health, more than 3,400 people were living with HIV in the state as of 2023. The epidemic has impacted urban and rural communities alike, with a particular burden on marginalized populations including Black and Latino residents, LGBTQ+ individuals, and those experiencing housing or economic instability.

Unlike larger states with sprawling public health departments, much of the frontline work in Delaware is carried out by nimble, mission-driven organizations embedded in the communities they serve. AIDS Delaware and the Delaware HIV Consortium, for example, are not only service providers—they are trusted lifelines, offering everything from HIV/STI testing and PrEP (pre-exposure prophylaxis) access to case management, housing support, and health navigation. They work closely with clients facing a complex web of challenges, often beyond just the virus itself.

Funding Reductions Impact Prevention Efforts

Delaware's HIV prevention efforts are facing a critical juncture, as the state's Division of Public Health HIV Prevention & Surveillance Program relies almost entirely on \$1.1 million in annual funding from the CDC's Division of HIV Prevention. Without this money, state-run prevention services would face an immediate financial crisis, potentially leading to the elimination of community-based contracts and a drastic reduction in HIV testing, outreach, and education. These cuts could contribute to a rise in HIV infection rates and significantly increase future healthcare costs.

Even before this potential funding loss, Delaware's HIV prevention services were under strain, having already endured a 68% reduction in community-based funding between 2023 and 2024. Services have only been maintained at current levels due to temporary agreements which allow nonprofit providers to receive HIV testing kits and prevention supplies from the state in exchange for service data. However, these stopgap measures are not financially sustainable and cannot replace the foundational support provided by federal funding.

Why Continued Funding Matters

Despite advances in HIV prevention and treatment, the epidemic is far from over. Medical breakthroughs like antiretroviral therapy (ART) and PrEP have transformed the trajectory of the disease, but these tools are only effective when accessible and sustained. That requires investment.

1. Prevention Is Cost-Effective and Lifesaving

Every dollar spent on HIV prevention saves many more in future healthcare costs. Early testing and access to PrEP drastically reduce the risk of new infections. AIDS Delaware and partner organizations routinely provide these services, reaching high-risk populations with culturally competent, evidence-based interventions. Pulling back funding now would risk a resurgence in transmission—particularly among younger individuals who may not remember the early days of the epidemic but are still vulnerable today.

2. Treatment Requires Long-Term Commitment

HIV is a chronic condition requiring lifelong treatment and consistent medical oversight. AIDS Delaware and the Delaware HIV Consortium support clients through medical case management, ensuring they remain in care, adhere to medication, and maintain viral suppression. This not only improves individual health outcomes but also reduces the likelihood of onward transmission, as people with undetectable viral loads cannot transmit the virus (U=U). Interruptions in care due to funding instability can reverse years of progress.

3. Addressing Social Determinants of Health

The fight against HIV in Delaware is deeply intertwined with issues of housing, substance use, mental health, and stigma. Through housing assistance programs, peer support networks, and harm reduction services, community-based organizations go beyond traditional medical care to address the root causes of vulnerability. Federal and state funding makes these wraparound services possible, and reducing or delaying funds jeopardizes the holistic approach that has proven effective.

The Role of Community-Based Organizations

AIDS Delaware, established in 1984, is the state's oldest and largest HSO. It has evolved from an emergency response group during the height of the AIDS crisis into a multi-service agency supporting prevention, care, and advocacy. The Delaware HIV Consortium, founded in 1991, plays a similar role, focusing on direct service and medical case management, housing support for individuals with HIV, and policy coordination.

Together with community-based partners across all three counties, these organizations form the backbone of Delaware's HIV response. Their work is locally-informed, culturally responsive, and nimble — qualities which larger institutions often struggle to replicate. Funding for segments of their work, however, is perennially at risk, subject to shifting political priorities and budgetary constraints at both the state and federal levels.

Investing in Equity and Justice

Maintaining HIV funding is not just a public health necessity, it is a matter of equity and justice. Communities hardest hit by HIV are often those who have historically been underrepresented and underserved by traditional health systems. Continued investment ensures that these communities are not left behind in the push toward ending the epidemic.

Moreover, Delaware's HIV response aligns with national goals, including the federal Ending the HIV Epidemic initiative, which seeks to reduce new infections by 90% by 2030. That ambitious target, which was enacted during President Trump's first administration, is achievable, but only if states like Delaware remain fully resourced and committed.

Conclusion

Delaware has the infrastructure, the expertise, and the community engagement needed to continue making progress against HIV. But none of this can happen without reliable funding. Cuts or delays in support would not just slow progress, they will unravel decades of work and put thousands of lives at risk. It is essential that policymakers, funders, and the public recognize what is at stake. Sustained investment in prevention, treatment, and community support is not only fiscally prudent—it is a moral imperative. The dedicated work of organizations like AIDS Delaware, the Delaware HIV Consortium, and their partners has brought us within reach of ending the HIV epidemic in our state. Let us not falter now.

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