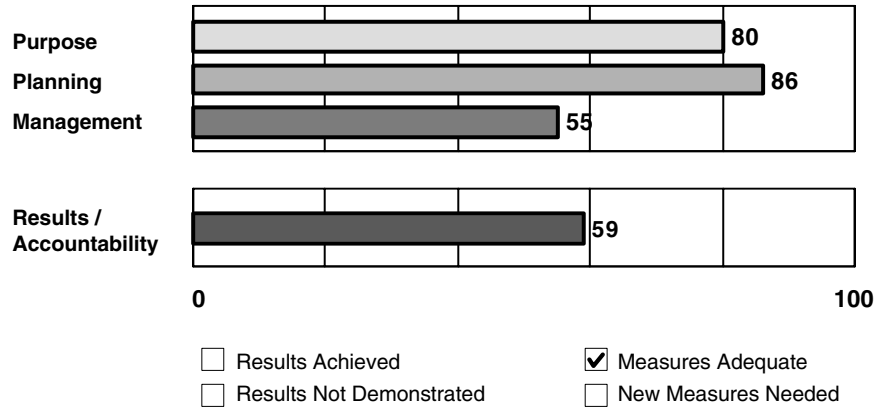


Program: Ryan White

Agency: Department of Health and Human Services

Bureau: Health Resources and Services Administration



Key Performance Measures

Year Target Actual

Long-term Measure: National rate of deaths per 100,000 people due to HIV infection (New measure)	1994		15.4
	1999		5.4
	2010	3.6	
Long-term Measure: National proportion of people living with HIV receiving primary medical care and treatment (New measure)	2000		33%
	2010	50%	
Annual Measure: Number of persons who learn their serostatus from Ryan White CARE Act-funded programs (New measure)	2000		352,283
	2004	381,323	

Rating: Adequate

Program Type: Block / Formula Grants

Program Summary:

The Ryan White program ensures care and treatment for persons with HIV through assistance to localities disproportionately affected by HIV. The funding goes to States, and other public/private/nonprofit entities.

The assessment found:

1. The program has developed new long-term and annual performance goals.
2. There is effective coordination with similar programs, regular independent evaluations occur, and the Health Resources and Service Administration (HRSA) is working with Booz Allen Hamilton to identify and manage areas in need of organizational improvement.
2. There is general consensus that the program purpose is clear and the program addresses a specific problem. The score for the program design portion of this section was affected by weaknesses with program design. The statute allows duplication among services funded under each Title and funding allocations are based on a formula that provides funds according to the number of AIDS cases over a 5 year period without regard to the level of sickness or need of those living with HIV/AIDS.
3. The program has contributed to the overall decline in the number of AIDS cases and deaths due to HIV. Program results were considerably affected by the fact that in some cases baseline data are not yet available and evaluations could focus more on the results of the program.
4. HRSA has not implemented preemptive mechanisms to identify problems or make corrective fixes prior to the mismanagement of resources. Some grantees/subgrantees do not use their funds according to the terms of their award. When problems are identified, legal action is taken, funds are returned, and/or individuals pay restitution.

In response to these findings the Administration will:

1. Develop recommendations and legislative strategies in preparation for the 2005 reauthorization, to find more meaningful ways of allocating drug treatment funding and standardizing eligibility across states.
2. Increase funding for the Ryan White AIDS Drug Assistance Program, +\$100 million, so that the program can purchase drug treatments for an additional 9,200 persons.

(For more information on this program, please see the Department of Health and Human Services chapter in the Budget volume.)

Program Funding Level (in millions of dollars)

<u>2002 Actual</u>	<u>2003 Estimate</u>	<u>2004 Estimate</u>
1,910	1,911	2,010