



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

October 23, 2003

Jessica Tytel
Coalition Coordinator
National Organizations Responding to AIDS (NORA)
1906 Sunderland Place NW
Washington, DC 20036

Dear Ms. Tytel:

We appreciate the support of the National Organizations Responding to AIDS (NORA), as well as your concerns, about the key strategies of the Centers for Disease Control and Prevention's (CDC) new initiative, "Advancing HIV Prevention (AHP): New Strategies for a Changing Epidemic," announced on April 18, 2003.

As you are aware, since 1981 the goal of CDC and its partners has always been to stop transmission and reduce the burden of HIV/AIDS among all populations affected by the epidemic. The AHP initiative is a component of CDC's comprehensive HIV prevention portfolio and supports the prevention work of the past two decades. The initiative's focus is to identify persons infected with HIV, their partners, and high-risk persons, such as men who have sex with men (MSM) and intravenous drug users, who may be HIV negative or unaware of their serostatus. The overall goal of the AHP initiative is to reduce HIV transmission in the United States, particularly by expanding HIV testing and increasing the number of people who are aware of their HIV infection. CDC has also placed a high priority on working with health care providers and other Department of Health and Human Services agencies, such as the Health Resources and Services Administration, and the Center for Medicare and Medicaid Services to try to ensure that every person with HIV infection has access to quality medical care and on-going prevention services to prevent transmission to others.

CDC is not abandoning principles and programs that we know work. In fact, the new initiative is consistent with *CDC's HIV Prevention Strategic Plan*, the *Serostatus Approach to Fighting the HIV Epidemic (SAFE)*, and CDC guidance on counseling, testing, and referral. Keeping people from being infected with HIV, whether through working with HIV-positive or HIV-negative persons, remains CDC's primary HIV prevention mission. We will continue to support primary prevention and behavioral risk-reduction programs that focus on high-risk HIV-negative persons, both directly and through indirect funding provided to community-based organizations (CBOs) through state and local health departments. HIV funding will be directed toward those

populations in greatest need, including disproportionately affected racial and ethnic populations.

Directly-funded CBOs, whose funding ends this year, will receive an extension of their awards through May 2004. In the new directly-funded CBO program announcement, increased emphasis will be placed on reaching HIV-infected persons and their partners, as well as other persons at very high risk of infection. CDC will require organizations to choose from a list of protocol-based interventions which include targeted outreach and health education and risk reduction activities; targeted outreach and voluntary counseling and testing (VCT) services; prevention interventions for individuals living with HIV and their sex or injection drug using contacts, and seronegative individuals at very high risk for HIV infection; and partner counseling and referral services (PCRS). CDC will provide guidance and procedures for customizing these interventions to various target populations and for implementing and evaluating them.

As you have stated, a number of CBOs are already providing prevention services to HIV-positive persons and have experience in the AHP interventions. CDC directly funds some grantees who currently provide counseling, testing and referral services, and some organizations also provide prevention interventions for people living with HIV who have ongoing risk behavior that can transmit HIV. These organizations will be in a good position to compete for funding in 2004. To help other organizations compete, CDC will provide technical assistance to its current grantees on the implementation of rapid HIV testing and also will conduct pre-application workshops to help CBOs better respond to program announcements and contract solicitations.

CDC will continue to directly fund CBOs through Minority AIDS Initiative (MAI) dollars to provide prevention services for communities of color. CBOs are the backbone of CDC's MAI activities and will play a central role in implementing this new initiative. In fact, the initiative includes an expanded role for CBOs in HIV testing, outreach and prevention intervention.

The capacity building assistance (CBA) program is a vital component of CDC's comprehensive HIV prevention portfolio. On August 25-26, 2003, CDC held a CBA consultation in Atlanta, Georgia, that included scholars and academicians, representatives from local and state health departments, and capacity building practitioners and consumers. The purpose of this consultation was to exchange and obtain information on different models, strategies and lessons learned for building HIV prevention capacity. CDC plans to use the information to strengthen our efforts in planning and implementing CBA in general, and specifically for minority CBOs.

A new CBA program announcement is expected to be announced in November of this year. In this announcement, CDC is asking CBA providers, among other functions, to provide training and individual technical assistance to improve the capacity of CBOs and health departments in implementing HIV prevention interventions, including those outlined in the new initiative. Our plan to fund CBA providers by April 1, 2004, so that

they can be ready to provide assistance to the CBOs upon the initiation of the CBO program in June.

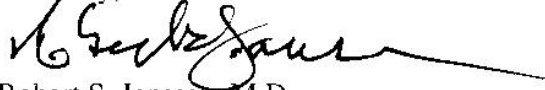
Although CDC will continue to support the benefits of both pre- and post-test counseling, CDC is promoting adoption of simplified HIV testing procedures in medical settings that do not require extensive prevention counseling before testing. This is consistent with the 2001 *Revised Guidelines for HIV Counseling, Testing and Referral*. In addition, the AHP initiative places even stronger emphasis on ongoing treatment, services, and counseling for persons who test HIV-positive. CDC is recommending that anyone who comes into a medical facility be given a quick behavioral risk assessment. In high-prevalence settings, (e.g., emergency rooms), we recommend that all persons be offered testing and persons at risk be referred for prevention counseling. In low-prevalence settings, we want everyone to receive a quick behavioral risk assessment and that persons determined at high risk be offered an HIV test and referred for prevention counseling. Those without risk would not be offered an HIV test. Previously, CDC has recommended that patients be routinely offered HIV testing in high HIV-prevalence acute care hospitals and in clinical settings serving populations at increased risk for HIV infection.

The focus of the AHP initiative is on people at greatest risk for transmitting HIV and their partners. This includes members of racial and ethnic populations who are disproportionately affected. CDC will continue to target services for racial and ethnic populations, particularly African Americans and Latinos. CDC needs to ensure that available resources are targeted as effectively and efficiently as possible by prioritizing services to the highest risk populations and to interventions that are likely to have the greatest impact on reducing the epidemic.

As with any new effort, it is anticipated that there will be many lessons learned as the various components of the AHP initiative are implemented, and CDC will continue to listen and address concerns related to the new initiative.

We appreciate your input as it will help to ensure that we are using the most effective prevention interventions to reduce the number of HIV infections in this country and improve the health status of persons living with HIV. We also look forward to continuing our work with NORA in HIV prevention efforts.

Sincerely,



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