



*A coalition of over 175 health, labor, civil rights, poverty, professional, religious and advocacy organizations responding to HIV and AIDS.*

July 31, 2003

Dr. Robert Janssen  
Director, Division of HIV/AIDS Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Rd NE  
Mailstop D-21  
Atlanta, GA 30333

Dear Dr. Janssen:

The members of the National Organizations Responding to AIDS (NORA) coalition would like to thank you for allowing Dr. Ida Onorato's to present to the coalition recently regarding the Centers for Disease Control and Prevention's (CDC) recently announced initiative, "Advancing HIV Prevention: New Strategies for a Changing Epidemic." We found her presentation to be very informative and we greatly appreciate her taking the time to meet with us in order to outline the goals and strategies of this new project.

Following Dr. Onorato's presentation the coalition met to discuss the initiative and its potential impact on our organizations and the constituencies that we represent, as well as the HIV/AIDS community as a whole. While we would like to applaud the CDC for taking the lead in proposing new strategies to address the new realities of this epidemic, we do have some concerns regarding the new initiative. Specifically, we have several questions about, 1) the allocation of funding for the new priorities, and 2) the way in which their implementation may affect existing programs.

As national organizations that represent broad-based constituencies of providers, consumers, AIDS service organizations (ASOs), and other community-based organizations (CBOs), one of the coalition's primary concerns regarding the new initiative is the extent to which it will impact the existing funding allocations, especially those for directly-funded CBOs. Traditionally, directly funded CBOs have been on the front lines of the domestic epidemic, particularly in communities of color. These organizations provide vital prevention, counseling and testing, and care and treatment services to some of the most at-risk populations in this country. As part of their overall prevention efforts, many of these CBOs have been employing the strategies emphasized in the CDC's initiative to increase access to testing and provide prevention services specifically targeted toward those who are HIV positive.

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However, because these CBOs offer a wide range of HIV prevention services, not just those which are the priorities outlined in the new initiative, we are concerned about how the funding demands of the new initiative will impact CBOs' ability to provide for the complete prevention needs of their communities. Organizations must not be forced to scale-back or cut other programs that they know to be effective in order to meet the CDC's new goals; the new initiative must not come at the expense of existing risk-reduction prevention efforts for those whose serostatus is negative or unknown. We are concerned that many organizations who offer HIV prevention services (especially, but not exclusively, the directly funded CBOs) will likely find themselves unable to do anything more than testing, counseling and referral because of the new competitive bidding process related to the new initiative, leaving gaps in health education for at-risk individuals. Therefore, it is critical that any new programs must be accompanied by new funding so that CBOs can expand their ability to reach new priority populations without compromising their existing services.

In addition to including the resources necessary to expand programs to meet the CDC's new targets, implementation of this new initiative must include resources designated for capacity building and technical assistance (TA). New priorities in HIV prevention will require a number of transitions at the CBO level, as individual organizations shift resources in order to put into place the new strategies. Therefore, the CDC must do everything that it can to ensure that these groups will have the assistance they need to make these changes as quickly and efficiently as possible; the CDC must make additional TA-specific funding available. Furthermore, it is critical that these TA resources be separate from the general program funding in order to ensure that participating organizations are not forced to choose between funding programs and funding administration, to the detriment of their clients.

Ensuring that the mechanisms for funding of the initiative address these concerns will go a long way towards ensuring the success of the CDC's new priorities, however once the resources are in place we believe that implementation will present its own series of concerns and challenges. While we support the theory behind making voluntary HIV testing a routine part of medical care, we are wary of the move towards scaling-back or eliminating the pre-test counseling process. Without the information and education provided by the pre-test counseling, individuals with inadequate or incorrect knowledge of HIV, HIV risk reduction and the HIV testing process may experience greater stress as they await results and will not have the tools needed to protect themselves until the test result is received. Further, for populations facing additional challenges, such as the homeless and clients with mental health or substance abuse difficulties, the pre-test may be the only opportunity for health education and risk reduction as they may not have to access to medical care and/or they may not return for their test results.

While increasing use of the rapid test should cut down on the number of clients who do not return for their results, increased care must be taken to ensure that those who take the rapid test are adequately prepared to receive their results. Rapid screening may create a situation where there is not enough assessment information available to evaluate the client's ability to absorb a positive diagnosis. HIV is still a devastating diagnosis to receive and people still respond with major depression, exacerbation of illness or addiction, and suicide. Although use of the rapid test

in non-traditional sites also will increase access for some at-risk populations, caution needs to be taken to ensure that they receive the necessary help and information that is gained through counseling, to process a positive diagnosis. Clients must not be in a position where, after receiving a same day positive result in a van, they are summarily sent back to the street to deal with the news alone.

Members of NORA are particularly concerned about how implementation of the new initiative will impact programs for youth, especially young MSM and young MSM of color. As you know, one of the initiative's four primary strategies is "Make Voluntary Testing a Routine Part of Medical Care." Unfortunately, many high-risk young people avoid seeking regular medical care because of the stigma associated with certain behaviors that they engage in. In addition, even those who might prefer to seek primary medical care are often unable to because of social and/or economic behaviors. For this population the best resources for critical prevention and counseling and testing services are the ASOs and CBOs in their communities. Therefore it is critical that this new initiative not shift resources away from existing programs that have been successful in reaching some of the most vulnerable high-risk populations.

Again, we would like to thank you for presenting the new CDC HIV prevention initiative to the coalition and we appreciate this opportunity to provide you with feedback on some of our concerns. Although we believe the overall goals of preventing new HIV infections and expanding access to HIV testing to be laudable, we do feel that there is room for improvement in the funding and implementation of the new initiative. We ask that you address these concerns as you continue to refine the program, and we hope to see them addressed in future communications from the CDC. We invite you to continue to dialog with NORA and our member organizations as a vehicle for future communication with, and feedback from, the larger HIV/AIDS community. We look forward to hearing from you.

Sincerely,

Jessica Tytel  
Coalition Coordinator

cc: Dr. Julie Gerberding, Centers for Disease Control and Prevention  
Dr. Harold Jaffe, Centers for Disease Control and Prevention  
Dr. Ida Onorato, Centers for Disease Control and Prevention  
Christopher Bates, Office on HIV/AIDS Policy, Department of Health and Human Services