

## **IMPLICATIONS OF THE CDC'S NEW INITIATIVE ON EFFORTS AGAINST HIV/AIDS IN THE UNITED STATES**

**The CDC announced on April 17 plans to commit a greater percentage of existing resources to HIV testing services and interventions working with HIV-positive people to reduce high-risk behaviors.**

- Expanded promotion of testing is needed to reach the estimated 200,000 individuals in the U.S. who do not know they are HIV-positive.
- New and faster HIV testing technology will make it easier to offer testing services in traditional and non-traditional settings.
- AIDS advocates have long called for engagement of HIV-positive people in strategies to slow the epidemic's spread.
- However, CDC is diminishing the role of proven risk-reduction strategies in favor of medical interventions that, while valuable and necessary, may likely prove less effective or no more effective as HIV prevention.
- Increased effort on testing and services for HIV-positive people should not replace HIV counseling and proven risk-reduction interventions.

**AIDS advocates have legitimate concerns about the impact of the initiative on available funding for HIV prevention education and risk reduction interventions.**

- Because no new funding accompanied the announcement, CDC will finance the new priorities by decreasing funds available for HIV prevention education and risk reduction services.
- Nearly a quarter of the CDC's \$636 million budget for domestic HIV prevention activities will be redirected to the initiative this year, with more funds moved into the initiative next year.
- CDC will no longer provide funding directly to community-based organizations for such prevention services as condom distribution, street outreach, and risk-reduction education, counseling, and skill-building activities.
- Local and state health departments may continue to use CDC funds to support these activities so long as they demonstrate that priority is given to interventions targeting HIV-positive people.
- Decreased funding for community and structural HIV prevention interventions will mean less awareness of HIV avoidance techniques among populations at high risk for HIV infection.

**The CDC is promoting aggressive HIV testing that forgoes the provision of HIV counseling, and for pregnant women, presumes consent to testing unless it is refused.**

- HIV counseling should not be abandoned. It achieves the dual goals of preparing an individual to understand his/her HIV test result and educating him/her about ways to reduce the risks of infection.
- HIV counseling is as important, if not more so, for people who test HIV-negative as those who test HIV-positive.
- Counseling is especially important for pregnant women as the vast majority (99%) are currently HIV-negative but remain at risk of sexual exposure to HIV. Women whose male partners engage in high-risk behaviors without their knowledge are unlikely to receive HIV counseling from anyone else other than their medical providers.
- Instead of eliminating informed consent, the CDC should strengthen its call to healthcare professionals serving pregnant women to ensure HIV counseling and the offer of HIV testing to all pregnant patients. Studies show that the vast majority of pregnant women, when counseled of the benefits of HIV testing for themselves and their children, consent to testing.
- Like all other at-risk populations, pregnant women should be afforded the opportunity to give their informed consent to testing, so as to fully prepare for the possibility and consequences of a positive result.
- Testing, in and of itself, is a poor substitute for HIV prevention education.
- Expanded testing efforts will ultimately be unsuccessful if individuals newly identified as HIV-positive lack access to essential medical and support services. To address this concern the federal government should increase funding for the Ryan White CARE Act and strengthen its commitment to Medicaid and Medicare.

**Individuals from high-risk groups and those with little or no access to healthcare are unlikely to receive prevention education unless they become HIV-positive.**

- Populations such as youth, people of color, and substance users that historically have been disenfranchised from the healthcare system may likely not receive basic education about HIV disease and the information and skills they need to avoid infection.
- By eliminating counseling and shifting the focus of prevention from HIV-negative individuals to those living with HIV, many people are likely to receive HIV prevention education only after they have tested HIV-positive.
- Without community and structural interventions such as social marketing campaigns to reinforce risk-reduction norms, both HIV-negative and HIV-positive populations are unlikely to adopt needed behavioral modifications.

**The new initiative risks heightening blame, stigma, and discrimination against people with HIV and perpetuating a false sense of security among people whose HIV status is negative or unknown.**

- Reduced services for HIV-negative populations, and an expanded emphasis on identifying HIV-positive people and directing prevention services at them, may signify to some that HIV prevention is the sole responsibility of HIV-positive people. Such a belief could result in more high-risk behavior among people whose HIV status is negative or unknown and could perpetuate more stigma and discrimination against those who are HIV-positive.
- New interventions indicated for HIV-positive people, such as prevention case management, sero-discordant counseling, and partner notification, lack sufficient scientific evidence regarding their efficacy and acceptance by the target populations to warrant widespread implementation.

**Achieving greater progress lowering new cases of HIV likely depends on a greater—not lesser—investment in HIV prevention education and structural and community interventions.**

- Current strategies, which have been characterized by CDC officials as ineffectual, led to dramatic infection reductions in the 1980s and '90s, lowering annual infections from a high of 150,000 to the current level of 40,000.
- Provided that more people are living with HIV/AIDS than ever before, keeping annual infections stable for the past several years is indication that current strategies are working to avert a greater crisis.
- The magnitude of 40,000 new infections annually and evidence of rising high-risk behaviors merits a stronger response from the U.S. government that is matched with the resources necessary to make a difference.

**Science, not politics, should inform the nation's HIV prevention programs and policies, which remain woefully under-funded and devalued.**

- Science supports that condoms work as HIV prevention and that condom education and outreach is a valuable component of a comprehensive HIV prevention strategy. The federal government should expand and not diminish activities to promote condom use, including condom distribution.
- Seven federal reports and 40 scientific studies show that expanded access to sterile syringes prevents HIV infections without increasing drug use. The federal government should end a decade of regressive syringe policy and embrace these proven public health interventions.
- Lawmakers should appropriate an additional \$360 million for domestic HIV prevention activities and direct the CDC to use new funds to support community and structural interventions including social marketing, targeted prevention education, and risk reduction services.