

NEED FOR ACTION

Prevention efforts in the U.S. have been very successful, but with the significant strides in treatment and radical decreases in mortality, the number of people living with the disease still continues to climb. Therefore, the population in need of prevention services grows as well. With the decline in federal prevention funding since its peak in FY2003 through FY2007, state and local prevention programs have been running in place at best. Prevention funding makes up only three percent of domestic federal HIV/AIDS spending. In the U.S., gay men and other men who have sex with men continue to bear the greatest burden, representing nearly half of all HIV/AIDS cases. Minority communities are also disproportionately impacted and devastatingly so in some subgroups such as young gay Black and Latino men. Persons between the ages of 13-24 represented 13 percent of new HIV/AIDS infections in 2004, and within that population, 55 percent of the cases were among young African-Americans. HIV/AIDS is the number one killer of African-American women ages 25-44. If our nation's leaders are serious about further reducing new infections, there are actions they must take to support health departments in scaling up programs that will further control the U.S. epidemic.

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VISION

Public health, encompassing federal, state, local and community partners, has made great strides in preventing HIV infection since the beginning of the epidemic 26 years ago. While much emphasis is placed on the number of new infections occurring annually, research has shown that prevention programs have averted between 204,000 and 1,585,500 HIV infections between 1978 and 2000. In addition, the annual HIV transmission rate has dropped from a high of 43 percent in 1983 to roughly four percent since 1990. When health departments are given sufficient resources and not hindered by political or legal impediments, successes are achieved. For example, perinatally acquired AIDS cases have dropped by 95 percent to 48 cases diagnosed in 2004 from the peak of 954 cases in 1992. In communities that fund and support access to sterile injection equipment, transmission of HIV in injecting drug users has declined as a proportion of all cases by mode of transmission. For example, in New York, a state with 17 needle exchange programs, annual AIDS cases among IDU have dramatically decreased from a peak of over 7,000 in 1992 to fewer than 837 in 2004. Another success is the decrease in HIV/AIDS mortality due to testing and treatment. By investing in HIV prevention and programs that expand the reach of prevention, we can improve the health of all Americans, hold the line on rising health care costs and maintain a healthy and productive national workforce.

As public health experts in the field of HIV/AIDS and in anticipation of CDC's revised estimate of national HIV incidence, we make the following recommendations to reverse the course of the domestic HIV/AIDS epidemic. If these recommendations are realized, we are confident the following goals can be achieved:

- A reduction in annual incidence,
- Fewer new cases in racial and ethnic minorities,
- An increased number of people who are diagnosed earlier in the progression of disease and a subsequent slowing in the progression from HIV to AIDS for individuals who access treatment earlier,
- Lower infection rates in injection drug users, gay men and other men who have sex with men and youth,
- A reduction in the already low prevalence of perinatally acquired HIV/AIDS cases,
- A reduction in stigma and discrimination, and
- An increase in public awareness of HIV and the knowledge to prevent new infections.

RECOMMENDATIONS FOR SUCCESS

Adequately Fund CDC HIV Prevention Programs.

Invest \$600 million more or a total of \$1.3 billion in core HIV prevention. As the saying goes, an ounce of prevention is worth a pound of cure. Preventing HIV is cheaper than treating HIV. If state and local health departments are given sufficient resources to scale up HIV prevention programs, it will have a substantial impact on the epidemic. With this additional funding, health departments will strengthen and expand outreach and HIV testing efforts targeting high-risk populations, including gay men and other men who have sex with men, racial and ethnic minority communities, substance users, women and youth. But, testing alone can never end the epidemic. CDC and Congress must support all the tools in the prevention arsenal. Resources must also be directed to build capacity and provide technical assistance to enable community-based organizations and health care providers to implement evidence-based behavior change interventions, ensure fiscal responsibility and refer partners of HIV-positive individuals to counseling and testing services.

Invest \$35 million more in HIV/AIDS surveillance. Core HIV surveillance funding has eroded over the last decade, while the importance of understanding the epidemic – old and new – has become even more critical to targeting effective prevention programs. Demands on surveillance programs are increasing as greater investments are made in HIV testing, not to mention that federal funding decisions are based primarily on this data. Additionally, national HIV behavioral surveillance and other special studies provide essential information to the field and must be enhanced.

Support a national education campaign. CDC must be provided sufficient funding to conduct a national campaign to educate the public that HIV remains a significant public health concern. The campaign should seek to reduce stigma and misinformation that continue to be barriers to addressing HIV.

Invest in Programs That Are Working on the Local Level.

Lift the ban on federal funding for syringe exchange. There is overwhelming evidence that syringe exchange programs work: they prevent the transmission of HIV, hepatitis and other STDs and do not promote substance use. In communities where syringe exchanges and other syringe access programs have been locally supported, HIV infection rates have decreased dramatically among injecting drug users.

Invest in behavioral research to provide diverse populations with diverse interventions. Current investments in behavioral research are not producing enough evidence-based interventions to reach the variety of high-risk populations. In particular, new targeted interventions are needed to address highly impacted gay men and other men who have sex with men of all races and ethnicities. CDC and its national partners, such as the National Institutes of Health, must work together to develop a research action plan to increase the number of interventions in the prevention arsenal. Communities must also be given resources to develop, implement and evaluate homegrown, evidence-based behavioral interventions for specific local populations at risk for HIV.

Invest in HIV prevention programs in correctional settings. In 2004, 1.8 percent of male and 2.6 percent of female state prison inmates were HIV-positive, more than four times the estimated rate in the general population. Every year thousands of formerly incarcerated people return to their communities and partners. Many jails and state prisons across the country offer a variety of HIV prevention services. The federal prison system should do the same. To that end, legislation such as HR 178 (Rep. Barbara Lee) and HR 1943 (Rep. Maxine Waters) should be supported. Additionally, sufficient resources and policy changes must be directed to the Bureau of Prisons to make HIV education, counseling, testing, treatment and condoms available in the varied correctional settings throughout the country.

Invest in comprehensive sexuality education by passing the Responsible Education About Life (REAL) Act.

Forty-seven percent of high school students have had sexual intercourse, and 7.4 percent of them reported first sexual intercourse before age 13. Age-appropriate HIV education needs to take place before young people engage in sexual behaviors that put them at risk for HIV infection. Abstinence-only-until-marriage programs have not proven effective. We must abandon these programs and dedicate funding for comprehensive sex education that includes an abstinence-first message.

Invest in Programs That Expand the Reach of Core HIV Prevention Activities.

Invest in substance abuse prevention and treatment and mental health services. Preventing and treating substance abuse and providing mental health services can help prevent the transmission of HIV. Injection drug use, other substance use and untreated mental illness are major contributing factors for HIV, STD and viral hepatitis infection. Co-occurring HIV, substance use and mental illness require special focus and expanded service delivery.

Invest in the Housing Opportunities for Persons with AIDS (HOPWA) and other housing programs. Studies have shown that more than one-half of people living with HIV/AIDS are likely to need housing assistance at some point in their illness. People living with HIV who have stable housing can receive the health care they need as well as essential prevention services. Persons who maintain their treatment regimen can significantly decrease their viral load and their potential to infect others.

Invest in CDC's STD prevention program. In the nation, STDs affect over a million individuals each year. Youth, ages 15-24, represent almost half of these cases. While evidence suggests that untreated STDs contribute to the continued spread of HIV, diagnosis and treatment of STDs lag far behind the need. Funding for CDC's STD prevention program has been eroded over the years as the number of persons infected has continued to climb.

Invest in new biomedical interventions including vaccines and microbicides. Effective vaccines to prevent hepatitis A and B infection have been available for years, yet not even one-half of at-risk adults have been vaccinated. Because there is no federal funding earmarked to ensure these vaccines are available to adults, the nation has missed millions of opportunities to provide a relatively simple and cost-effective prevention intervention. Congress should act to adequately fund adult vaccine programs and to ensure that necessary systems are in place when HIV and hepatitis C vaccines become available. Additionally, research into the development of not-yet-realized options, such as microbicides, an HIV vaccine and pre-exposure prophylaxis, must be scaled up.



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