



CDC'S NEW HIGH-IMPACT APPROACH TO HIV PREVENTION FUNDING FOR HEALTH DEPARTMENTS

Advancing the National HIV/AIDS Strategy

In June 2011, the Centers for Disease Control and Prevention announced a five-year HIV prevention funding opportunity for health departments in states, territories, and select cities that revises the way the agency funds health departments. The new approach features better geographic targeting of resources and a greater focus on the highest-impact prevention strategies. This approach embodies CDC's commitment to "*High-Impact Prevention*" – using programs and other scalable interventions that have demonstrated the potential to reduce new HIV infections in the right populations in order to yield a greater impact on the HIV epidemic. High-Impact Prevention is essential to achieving the ambitious HIV prevention goals of the National HIV/AIDS Strategy announced in 2010.

First-year (FY2012) awards under this funding opportunity will total \$358.8 million, approximately level with current CDC HIV prevention funding for health departments. States and localities will apply for funding in August 2011, and awards will be made in January 2012. Each jurisdiction will receive a minimum funding amount of \$750,000 to ensure that even areas with a low burden of HIV can continue basic prevention activities.

Providing funding to health departments has long been a central component of CDC's HIV prevention strategy, accounting for more than half of CDC's HIV prevention budget. This latest funding opportunity represents a new direction designed to achieve a higher level of impact with every federal HIV prevention dollar.

Better Matching Resources to the Geographic Burden of HIV

The new funding approach better aligns resources to reflect the geographic burden of the HIV epidemic today:

- **Using the latest HIV data:** Funding will be allocated to each state, territory, or directly funded city based on the number of people that were reported to be living with an HIV diagnosis in that jurisdiction in 2008 (the best measure of the HIV burden available in every U.S. jurisdiction). This approach, driven by the latest data, improves on prior health department funding allocations, which were based on AIDS cases earlier in the epidemic (this HIV data is a better indicator of the epidemic's current burden than AIDS data, since less than half of all Americans living with HIV have progressed to AIDS).
- **Expanding direct funding to key cities:** To ensure that funding reaches major urban areas where HIV is concentrated in the United States, the number of cities directly funded by CDC will increase from six to ten.¹ These ten cities account for approximately 37 percent of all Americans living with an HIV diagnosis.

While some health departments will see more significant changes, only about 10 percent of CDC's \$284 million for health departments' core HIV prevention programs in FY2012 will be redistributed.

- **Increasing funding for hard-hit areas:** The relatively small change in distribution of CDC's overall HIV prevention funding to health departments will have a major positive impact on the epidemic. Several areas with heavy HIV burdens will see much-needed increases in prevention funding, including many Southern states and several major cities.

¹ Previously directly funded: Chicago, Houston, Los Angeles, New York City, Philadelphia, San Francisco. Newly added: Atlanta, Baltimore, Ft. Lauderdale, Miami.

- **Helping health departments adapt to funding shifts:** CDC is taking steps to minimize disruptions due to changes in funding. All funding shifts will be phased in over three years, and CDC will provide technical assistance to help health departments navigate the changes they may need to make. In addition, the funding approach incorporates a minimum funding level to ensure that all jurisdictions, regardless of HIV burden, can continue to meet the HIV prevention needs of their populations.

Prioritizing High-Impact Prevention Strategies

The funding opportunity also provides important new guidance to health departments about specific prevention strategies to prioritize. This guidance is intended to ensure that prevention funds are directed to the activities that are most likely to have a significant and lasting impact on the HIV epidemic.

CDC will fund health department HIV prevention activities in three categories:

- **Core prevention programs (\$284M in FY2012):** The majority of funding will support health departments' core HIV prevention programs. CDC is also directing the use of the funding, once it is awarded, to achieve maximum impact. For all awarded health departments, at least three-quarters (75 percent) of this core funding must be directed to the following activities with demonstrated potential to reduce new HIV infections:
 - *HIV testing* – including routine opt-out testing in healthcare settings and targeted testing programs for high-risk populations
 - *Prevention with HIV-positive individuals* – helping people living with HIV reduce their risk of transmitting HIV to others
 - *Condom distribution* for people at high risk of acquiring HIV
 - *Structural initiatives* – aligning structures, policies, and regulations to enable optimal HIV prevention, care, and treatment

Up to one-quarter (25 percent) of this core funding may be used to support other recommended activities that can also have a major impact on the epidemic, including interventions for high-risk populations, social marketing efforts, pre-exposure prophylaxis (PrEP) for men who have sex with men, and non-occupational post-exposure prophylaxis (nPEP) for high-risk individuals.

- **Expanded HIV testing for disproportionately affected populations (\$54.8M in FY2012):** Jurisdictions with at least 3,000 African American and/or Hispanic residents living with an HIV diagnosis in 2008 are eligible for additional funding to expand access to HIV testing. This funding category builds on CDC's recent Expanded Testing Initiative, which provided nearly 2.8 million HIV tests over a three-year period, more than three-quarters (76 percent) of which reached African Americans or Hispanics.
- **Demonstration projects (\$20M in FY2012):** For the first time, CDC's health department HIV prevention funding opportunity includes a competitive category for demonstration projects designed to evaluate innovative approaches to HIV prevention. All jurisdictions can submit proposals for demonstration projects, and award decisions will be made based on merit.

New Direction for the Nation's HIV Prevention Efforts

In today's challenging economic environment, it is more important than ever to ensure that every federal HIV prevention dollar has the greatest possible impact on the national HIV epidemic. CDC's new approach to HIV prevention funding for health departments is an important step toward focusing prevention resources on the areas and interventions where they are needed most.

The full "funding opportunity announcement" is available at <http://www.cdc.gov/hiv/topics/funding/PS12-1201>.