

CDC's 2012 HIV Prevention Funding for U.S. Health Departments

Advancing High-Impact HIV Prevention

The Centers for Disease Control and Prevention (CDC) has awarded \$339 million to health departments in states, territories, and select cities for HIV prevention activities in 2012. Providing funding to health departments has long been a central component of CDC's HIV prevention strategy, and is CDC's single largest investment in HIV prevention. The 2012 awards are designed to achieve stronger results with federal dollars by directing resources to the geographic areas of greatest need and prioritizing the HIV prevention strategies that will have the greatest impact on the U.S. epidemic.

The CDC funds health departments in all 50 states, eight U.S. territories, the District of Columbia, and eight cities with heavy HIV burdens. This new funding embodies CDC's commitment to High-Impact Prevention – using combinations of scientifically proven, cost-effective, and scalable interventions targeted to the most affected populations and regions to yield a major 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.

Matching Resources to the Geographic Burden of HIV

The health department awards reflect a new approach to allocating HIV prevention resources to better match the geographic burden of the U.S. epidemic today. Funding was apportioned to each state, territory, or directly funded city based on the number of people 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). The funding shifts resulting from this new approach will be phased in over five years, starting with these 2012 awards.

The new funding approach will have a major positive impact on the HIV epidemic, as several areas with heavy HIV burdens – including many Southern states – received urgently needed funding increases.

"By focusing our efforts in communities where HIV is concentrated, we can have the biggest impact on all communities' collective risk of acquiring HIV."

–The National HIV/AIDS Strategy

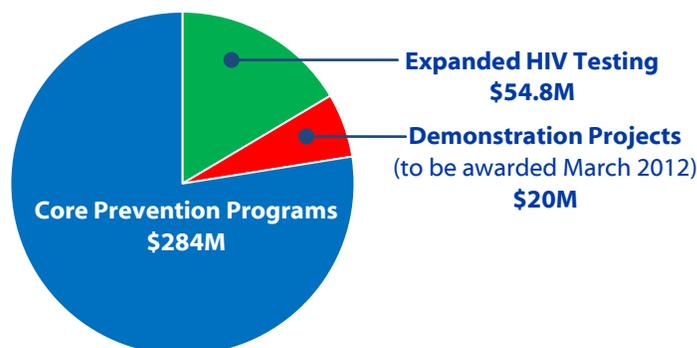
Supported Activities

The new funding is directed to the prevention activities that are most likely to have a significant and lasting impact on the HIV epidemic. Funds were awarded in two main categories:

1. **Core Prevention Programs (\$284 million)** – All health departments received funding to conduct essential HIV prevention activities. Each health department must direct at least 75 percent of their award funds in this category to four key areas: HIV testing; comprehensive prevention and care services for HIV-positive individuals and their partners; condom distribution; and efforts to align public policies to optimize HIV prevention, care, and treatment.

Up to 25 percent of funding in this category may support other recommended activities, including behavior-change programs for people at high risk for HIV, social marketing efforts, and support services for pre- or post-exposure prophylaxis with antiretroviral medications.

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2. **Expanded HIV Testing for Disproportionately Affected Populations (\$54.8 million)** – 34 jurisdictions with large numbers of African Americans, Latinos, men who have sex with men, and injection drug users living with HIV received additional funding to provide HIV testing services for these populations and for others at high risk for HIV infection.

This effort is modeled on CDC's successful Expanded Testing Initiative, which over a three-year period (2007-2010) provided 2.8 million HIV tests in 25 jurisdictions and newly diagnosed more than 18,000 people with HIV, 70 percent of whom were African American. An economic analysis of the Expanded Testing Initiative found that it was highly cost-effective, saving almost two dollars for every dollar expended.

An additional \$20 million in funding will be awarded to health departments in March 2012 to implement innovative demonstration projects that could lead to effective new HIV prevention strategies.

Technical Assistance for Health Departments

CDC is committed to helping health departments align with the new direction. To help health departments implement the most effective prevention strategies and adjust to new funding levels, CDC is providing extensive technical support in collaboration with numerous capacity building assistance providers including the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS). CDC project officers and other CDC experts are available to advise on infrastructure, implementation, and financial management issues.

CDC and its capacity building assistance providers will provide technical assistance, support, and training in the following areas:

- *HIV testing* – Training on testing and counseling strategies for program managers; train-the-trainer courses for instructors; web-based training modules for non-clinical HIV testing programs
- *Comprehensive prevention with HIV-positive individuals* – Training courses on linkage to care, retention in treatment, behavioral interventions, and risk-reduction services for facilitators, trainers, instructors, and clinicians; best practices and other resource materials
- *Condom distribution* – Toolkit including examples of effective condom distribution services
- *Policy initiatives* – Training on policy initiatives and structural interventions
- *Evidence-based interventions for high-risk populations* – Courses for facilitators and trainers on individual, group, and community-level interventions to reduce risk behaviors
- *Social marketing, media, and mobilization* – Training and technical assistance for campaign development and evaluation
- *Program planning* – Technical assistance in the development of comprehensive monitoring, evaluation, and quality assurance plans

For more information on available technical assistance, please visit <http://www.cdc.gov/hiv/topics/funding/PS12-1201/capacitybuilding.htm>