BACKGROUND

The U.S. Centers for Disease Control and Prevention (CDC) recommends health departments and community-based organizations implement evidence-based interventions (EBIs). Initiated in 1996, the CDC’s HIV/AIDS Prevention Research Synthesis (PRS) Project systematically reviews and summarizes the cumulative body of HIV-prevention literature to identify EBIs, best practices and public health strategies for reducing HIV transmission and infection.

The PRS team has been conducting an on-going systematic reviews (i.e., Risk Reduction (RR) Efficacy Review) to identify EBIs that show evidence of efficacy in changing sex or drug-injection behaviors that directly impact HIV-transmission risk. Each eligible study is evaluated against a priori criteria to assess the risk of bias and strength of findings. The first PRS Risk Reduction (RR) efficacy review (CDC, 1999) and the update (Kay, 2003) were based on the original criteria used for the Compendium of HIV Prevention Interventions with Evidence of Effectiveness. In 2004, to reflect the scientific progress in the field and to focus on those interventions with the strongest evidence of efficacy, PRS strengthened its criteria for identifying evidence-based, individual-, group-, and couple-level (ILIs/GLIs/CPLs) behavioral risk reduction interventions. Then, in 2008, PRS developed specific efficacy criteria for identifying evidence-based community-level interventions (CLIs) because most CLIs have study and design characteristics that do not lend themselves to evaluation with the efficacy criteria for ILIs/GLIs/CPLs. Both the 2004 and the 2008 revisions to the efficacy criteria were developed as the result of multiple consultations with methodologists and HIV-prevention researchers. The CLI efficacy criteria and the ILI/GLI/CPL criteria both focus on quality of study design, quality of study implementation and analysis, and strength of evidence of efficacy. EBIs are classified as either best- or good-evidence.

PRS routinely updates the RR chapter by adding newly identified Best- and Good-evidence EBIs. The dissemination of RR EBIs is a critical part of building capacity among organizations that implement prevention programs for populations at risk for HIV. The CDC’s Division of HIV/AIDS Prevention (DHAP), Capacity Building Branch provides training and technical assistance on the intervention packages through the National Network of STD/HIV Prevention Training Centers (PTCs) and offers culturally appropriate capacity building assistance through other technical assistance programs. The intervention packages and training for several EBIs presented in the RR chapter are available at: http://effectiveinterventions.org/en/Home.aspx.

To complement the Best-evidence and Good-evidence EBIs presented in the RR chapter, PRS has regularly published systematic reviews which identify factors associated with intervention efficacy for various high-risk groups. These reviews serve as an additional resource for determining what works in HIV prevention.