

Council of State & Territorial Epidemiologists
Position Statement

04-ID-10

Committee: Infectious Disease

Title: Support for “Guiding Principles for HIV Prevention”

Statement of the Problem:

A number of recent national policy changes raise concern about the ability of state and local HIV program staff to plan and deliver effective and science-based prevention to target populations at highest risk of infection. Because HIV/AIDS is still a fatal disease that continues to infect about 40,000 new Americans every year, and high-risk behaviors appear to be increasing substantially in prevalence again after ten years of decreasing risk, effective properly targeted prevention is more important than ever today. Because funding for HIV surveillance and prevention is decreasing, it is vital that every dollar be spent in a way that yields the most impact.

Specifically, recent federal policy mandates have promoted preventive approaches with uncertain scientific merit, and have also discouraged approaches that are supported by valid scientific evidence (References are found in the attached *Guidelines*.). Health departments' freedom to develop explicit messages appropriate to special risk populations has also been weakened by new rules. And finally, the Centers for Disease Control and Prevention's (CDC) new policy of focusing prevention on known HIV-infected persons puts us at risk of weakening primary prevention and losing the opportunity to educate those not yet infected.

To address these problems, a working group representing members of CSTE, the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Association of City and County Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO), and led by ASTHO, developed a statement of the “guiding principles” by which HIV/AIDS prevention should be developed and implemented. Its target audience is both state and local HIV prevention program staff, and federal officials who set policy for federally supported HIV programs.

Statement of the desired action(s) to be taken:

CDC should support the following guiding principles for HIV prevention, which may be used by public health officials and policymakers to guide HIV prevention policy decision.

Public Health Impact:

Dissemination and use of these Principles could increase the freedom of HIV programs at every level to plan and deliver the most effective targeted prevention messages and systems to those at need.

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Guiding Principles for HIV Prevention

Statement of Purpose: These Guiding Principles for HIV Prevention have been developed by a working group made up of members of the Association of State and Territorial Health Officials (ASTHO), the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Association of County and City Health Officials (NACCHO), and the Council of State and Territorial Epidemiologists (CSTE), and adopted by these organizations.

These principles were enumerated in response to issues raised by recent national policy changes in relation to HIV prevention, such as CDC's new initiative for HIV prevention,ⁱ recent changes to HIV/AIDS prevention program announcements for state and local health agencies and community-based organizations,^{ii,iii,iv} and policies related to NIH grant funding for HIV research,^v as well as other issues in HIV prevention policy from a state and local public health perspective. The authoring organizations concur with CDC's goal to reduce new HIV infections by half by 2005. To aid in our mutual interest in achieving this goal, the following principles have been developed and may be used by public health officials and policymakers to guide HIV prevention policy decisions.

Principles:

- I. HIV prevention programs must be based on strong science (for example, research findings that are replicable, peer reviewed, journal published, etc.), and employ prevention messages, techniques, and interventions that have been scientifically shown to effectively reduce HIV transmission rates and/or risk behaviors. HIV prevention policies and funding should support implementation of evidence-based prevention practice. All effective science-based prevention messages, techniques, or interventions should be permitted by federal HIV prevention policy or funding mechanisms.
- II. HIV prevention policy and funding mechanisms must be flexible and sufficient to allow for the multi-faceted and complex nature of HIV prevention programs. HIV prevention programs should be encouraged to continue to develop unique, innovative prevention programs and must be permitted to employ a variety of prevention messages, techniques, and interventions including distribution of prevention materials to high-risk populations, drug and alcohol treatment, mental health services, needle exchange programs and pharmacy access to sterile needles, public awareness campaigns, counseling and testing, partner counseling and referral services, prevention case management, internet-based interventions, faith initiatives, technical assistance and capacity building, health education/risk reduction activities, sexuality education in schools and prisons, hotlines, condom distribution, peer education, and mother-to-child transmission

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interventions, among others. Federal public health agencies should provide sufficient funding to enable states and localities to implement these services.

- III. Primary prevention, especially prevention interventions aimed at high-risk HIV-negative populations, is fundamental to reducing HIV transmission rates. Therefore it must remain a key component of HIV prevention activities. HIV prevention policies and funding must support public health's capacity to implement a balance of primary prevention and disease control programs and strategies.
- IV. HIV prevention programs should be culturally competent and seek to address the unique needs of the targeted populations that they serve. National HIV prevention policies and funding should allow health agencies and community-based organizations (CBO) to provide effective, science-based, targeted prevention programs to all high-risk populations.
- V. HIV prevention materials should target the populations served by those programs and may need to employ explicit language and images in order to be effective. Complete and accurate information about human sexuality, substance use and abuse, and behavioral options for reducing HIV risk and other harm is critical to program effectiveness. Federal policy must assure access to complete, accurate, and science-based information appropriate to each population at risk. HIV prevention materials should be reviewed by an independent community review panel whose members, among others, represent the HIV-affected populations in that jurisdiction and include members with technical expertise in HIV prevention and related fields. Review panels should ensure that the materials are of optimal quality, present complete and accurate information, are culturally sensitive and appropriate, and comply with federal, state, and local laws.
- VI. HIV prevention resources should be sufficient, flexible and proportionally allocated to allow state and local health agencies to tailor their programs to meet the needs of their highest risk populations. Groups that are at higher risk vary by geographic area and may include men who self-identify as gay or bisexual, other men who have sex with men (MSM) of all races, injection drug users (IDUs), sex workers, and adolescents. Resources should be allocated by jurisdictions in a way that is proportional to the burden of disease and prevalence of risk behaviors among these populations.
- VII. Scientific evidence demonstrates that needle exchange programs and pharmacy sales of sterile syringes can be effective public health strategies to reduce the transmission of injection-related HIV infection

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without increasing drug use.^{vi,vii,viii} States may wish to explore the removal of legal barriers to such programs within their jurisdictions. Federal funding for HIV prevention should be flexible to allow states and localities to apply these funds to such programs.

- VIII. Partner Counseling and Referral Service (PCRS) should always be seen as one component of comprehensive HIV prevention programs as it cannot accomplish HIV prevention goals in isolation. The ability of infected persons (particularly newly infected) to notify their sex or needle-sharing partners can be an effective intervention tool. However, it must be used in concert with other interventions in order to accomplish prevention goals.

ⁱ CDC(2003). Advancing HIV Prevention: New strategies for a changing epidemic. *MMWR*, 52(15), pp. 329-332. Available: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm>.

ⁱⁱ Kaiser Family Foundation. Three House Democrats ask HHS Secretary Thompson to reconsider rules for AIDS organizations' prevention materials. *Kaiser Daily HIV/AIDS Report*, Sep 12, 2003 [on-line] Available: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=19829.

ⁱⁱⁱ CDC (2003). Program announcement 04012: HIV Prevention Projects [on-line] Available: <http://www.nastad.org/PDF/NEWS/HDPROGRANN.PDF>.

^{iv} CDC (2003). Program announcement 04064: HIV Prevention Projects for Community-Based Organizations [on-line] Available: <http://www2a.cdc.gov/hivpra/pa04064.html>.

^v Sternberg, S. NIH will defend its controversial studies. *USA Today*, Jan. 12, 2004 [on-line] Available: http://www.usatoday.com/news/health/2004-01-13-nih-usat_x.htm.

^{vi} Institute of Medicine (2001). *No Time to Lose: Getting more from HIV prevention*. National Academy Press: Washington, DC.

^{vii} Dept. of Health and Human Services (1998). *Press Release-Research Shows Needle Exchange Programs Reduce HIV Infections without Increasing Drug Use* [on-line] available: <http://www.hhs.gov/news/press/1998pres/980420a.html>.

^{viii} Ksobiech, K. (2003). A meta-analysis of needle sharing, lending, and borrowing behaviors of needle exchange program attendees, *AIDS Education and Prevention*, 15(3), 257-268.