

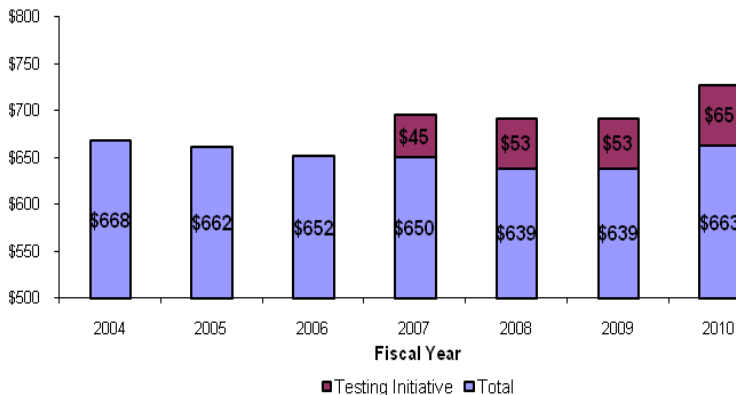
Support FY2011 HIV Prevention Funding

An estimated 56,300 new infections occur every year, 40 percent higher than the previous estimate, while federal funding for state health department core prevention programs has been declining over the last decade.

STATE AND LOCAL HEALTH DEPARTMENT NEEDS

Invest \$250 million more for a total of \$978 million in core HIV prevention. CDC, and in turn, state and local public health departments know what to do to prevent new infections. They just need the resources to ensure comprehensive prevention programs, including expanded and targeted testing, reach those at highest risk for infection. Adjusted for inflation, CDC's HIV prevention budget has decreased by 19.3 percent since fiscal year 2002.

CDC HIV/AIDS Prevention Funding FY2004-FY2010
(Domestic HIV/AIDS Testing Initiative Included)



HIV PREVENTION BY HEALTH DEPARTMENTS

Expand the reach of prevention services by providing an increase of \$181 million to state and local health department HIV prevention cooperative agreements. These cooperative agreements have been cut by \$23 million over the last decade and are currently funded at \$300 million. 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. Additional resources will allow health departments to increase their efforts in a variety of areas.

- Expand services to highest impacted populations. With additional funding, health departments will

HIV/AIDS PREVENTION & SURVEILLANCE

FY2011 NASTAD Recommendation*: \$978.0 million

FY 2011 President's Budget: \$785.5 million

FY2010 Appropriation: \$725.7 million

*\$250 million increase

strengthen and expand outreach, HIV testing, and linkage into care targeting high-risk populations including gay men of all races, black women, persons who inject drugs, and youth.

- Strengthen capacity-building and technical assistance. Community-based organizations and health care providers need training to implement evidence-based behavior change interventions and HIV testing recommendations.
- Expand partner services. A key component of HIV prevention is identification, notification and counseling of partners of persons being tested. Partner services are time and resource intensive but maximize prevention efforts.
- Continually educate the mass public. By elevating HIV/AIDS in the public's view, health departments can reinforce accurate, evidence-based information and begin to reduce the stigma associated with the disease.

State and Local HIV Prevention Cooperative Agreement Funding FY2004-FY 2009



FY2011 HIV Prevention Funding Needs

HIV SURVEILLANCE

Shore up HIV/AIDS surveillance programs with an additional \$50 million. CDC has identified and NASTAD supports this request to improve HIV/AIDS surveillance in the country. Additional resources will allow improvements in core surveillance and expand surveillance for HIV incidence, related risk behaviors and receipt of care information. HIV/AIDS surveillance activities are critical in order to monitor the HIV/AIDS epidemic and to provide data for targeting the delivery of HIV prevention, care, and treatment services.

ENHANCED HIV TESTING

Provide health departments \$48 million to maintain the Expanded Testing Initiative. In FY2009, CDC awarded \$40.2 million to 20 states and 5 cities to support routine testing in clinical settings targeting highly impacted populations, particularly African Americans. In FY2010, the ETI will be expanded to 24 states and 6 cities funded at \$47.5 million targeting African Americans, Latinos, gay and bisexual men of all races, and persons who inject drugs. NASTAD supports maintaining \$48 million for health departments of the \$65 million for the entire initiative so that more individuals can learn of their HIV status and be linked into care.

IMPROVING PROGRAM EFFECTIVENESS

Provide \$10 million for Program Collaboration and Service Integration (PCSI). Health departments seek to integrate prevention services for HIV, STD, viral hepatitis, and TB at the client level. Additional funding is required to make this a reality. NASTAD supports the President's request of \$10 million for this purpose.

PRESIDENT'S MSM INITIATIVE

Provide \$26.9 million for the President's new initiative to address the disproportionate impact of HIV on gay, bisexual and other men who have sex with men (MSM). Funding will be limited to areas with the highest number of AIDS cases diagnosed among MSM in 2007.

PREVENTION PROGRAMS TARGETING YOUTH

Support evidence based programs for youth. Funding is needed for programs targeted to youth in and out of school that are an evidence-based and comprehensive approach to sex education.

- **NASTAD supports the teen pregnancy prevention initiative and asks that it be expanded to include prevention of HIV and STDs and funded at the President's request of \$134 million.** We support an inter-departmental approach that is a collaboration between HHS agencies including the Office of Adolescent Health, the Office of Population Affairs, the Agency for Children and Families, and CDC's Division of Adolescent and School Health.
- NASTAD supports an increase of \$20 million, for a total of \$60.2 million, for the Division of Adolescent and School Health's HIV Prevention Education Program.
- To reach out of school youth, additional funds should be directed to CDC's Division of HIV/AIDS Prevention.

STATE PUBLIC HEALTH IN CRISIS

The infrastructure of state and local governmental public health, particularly the public health workforce is crumbling. One quarter of the current public health workforce will be eligible to retire by 2012. Health departments across the nation are experiencing budget shortfalls and are being forced to reduce staff and provide fewer public health services.

In 2007 more than one third of HIV prevention funding (\$205 million) administered by health departments in the U.S. came from state and local governments. **NASTAD surveyed states and found that in FY2009 state HIV/AIDS programs were cut by \$170 million. Seventy-four percent of states responding to NASTAD's survey reported cuts to HIV prevention programs. States also reported that almost 200 HIV/AIDS staff positions have been cut or gone unfilled.** These cuts make the federal resources for prevention all the more critical to mounting an effective response to the epidemic.