In a sad milestone in HIV epidemiology, the incidences of both HIV infection and AIDS are now rising again in the United States. The Centers for Disease Control and Prevention (CDC) recently noted a 3.2% overall increase in the number of new U.S. HIV/AIDS cases reported in 2002 over 2001. In some populations this increase exceeded 6%. Similarly distressing, new health data show parallel increases both in high-risk behaviors among at-risk populations and in sexually transmitted infections. These indicators highlight our need to assess current and planned HIV prevention strategies in the context of a new generation of HIV infections. An estimated 40,000 new cases each year of HIV infection—a highly preventable infectious disease—is an unacceptable statistic.

In the face of this discouraging reality, it may be tempting to conclude that past primary prevention efforts have failed; they have not. We must appreciate the significant positive impact that these prevention strategies have had as we attempt to fully understand the complex factors involved in these behavioral and biological trends. This will allow us to devise more effective prevention strategies for both HIV-negative and HIV-positive individuals.

In April 2003, the CDC launched a new initiative—Advancing HIV Prevention: New Strategies for a Changing Epidemic—to reduce barriers to early diagnosis and to limit new infections. In this paper, the American Academy of HIV Medicine (the Academy) affirms that innovative prevention strategies are needed to improve upon these prevention successes and applauds the CDC for actively addressing the problem. Although the Academy has significant concerns regarding the initiative, Advancing HIV Prevention demonstrates that the increase in HIV infection necessitate new approaches to complement those that have been shown to work.

The dispiriting new HIV disease indicators demand exceptional focus from all affected stakeholder communities, including the federal government. Preventing HIV/AIDS by using effective health strategies is not only cost-effective but, more important, a moral imperative. Therefore, in this paper the Academy urges that the U.S. Congress and the Bush Administration to (a) recognize current HIV/AIDS prevention successes; (b) reevaluate the limitations of the new Advancing HIV Prevention Initiative; and (c) recommit, with the full resources devoted to any public health emergency, to minimizing infection and the subsequent suffering from this tragic disease.
Recognizing Our Successes in HIV Prevention

Numerous reports and abundant data demonstrate the efficacy of risk reduction efforts aimed at HIV-uninfected persons who are at high risk for acquiring HIV infection. A sampling of the evidence shows that:

- HIV prevention programs directed toward uninfected persons, or whose HIV status is unknown, who are at high risk for contracting HIV are effective at reducing both high-risk behavior and HIV infection rates. Reporting institutions include the Institute of Medicine,15 the National Institutes of Health,16 the Joint United Nations Programme on HIV/AIDS (UNAIDS),17 and the CDC AIDS Community Demonstration Projects.18
- Favorable results occur in all high-risk population groups, including gay and bisexual men,18 injection drug users,19,20 and heterosexuals at risk.21
- Effective prevention programs (a) are based on clinical, behavioral, and social science theory and research findings; (b) offer specific, concrete, tangible messages; (c) are culturally specific; and (d) are sustained over time with repeated interventions.22
- The consistent and correct use of condoms is an indisputable method of HIV/AIDS prevention.23

Missed Opportunities

Data show that current HIV prevention strategies are predicated on sound scientific research. Although this information has been well received and has resulted in sound federal public health policy, it also shows that previous and current administrations have missed opportunities to do more. Most notably, thousands of new infections could and would be prevented by federal support for locally funded needle exchange programs that, on local and international levels, have consistently proven effective.16,20,24,25

The Academy asks that needle exchange programs be placed on the table as a federally funded prevention option and invites both Congress and the Department of Health and Human Services (HHS) to schedule hearings on and objectively review the viability of its implementation. Although in this political climate the federal government will likely not yield on this issue in the foreseeable future, the Academy will nonetheless continue to support needle exchange programs at state and local levels.

Further, the Academy affirms that condom use should remain a priority in HIV/AIDS prevention. Any comprehensive program of HIV/AIDS prevention must reinforce condom use as a cornerstone strategy.

It is clear that there is sound science on which to base federal HIV/AIDS prevention policy, and the Academy urges the Bush Administration to recognize and incorporate all of the available data in charting the future course of HIV/AIDS prevention.
REEVALUATING THE CDC'S HIV PREVENTION INITIATIVE

The CDC initiative, Advancing HIV Prevention: New Strategies for a Changing Epidemic, launched in April 2003, aims to reduce barriers to early diagnosis and to limit new infections. Although the initiative has merit, considered in the context of limited budgets the Academy fears that it may meet with only marginal success.

The CDC notes that an estimated one-fourth of the approximately 800,000-900,000 Americans with HIV infection are unaware of their HIV status. Further, infected individuals aware of their status adapt their behavior to reduce transmission. The CDC has therefore prioritized four specific strategies to tackle rising HIV incidence:

- Make voluntary HIV testing a routine part of medical care
- Implement new models for diagnosing HIV infections outside of medical settings
- Work with persons diagnosed with HIV and their partners to prevent new infections
- Make HIV testing of pregnant women a routine part of prenatal and perinatal screening, to further decrease perinatal HIV transmission

The Academy supports the intent behind the CDC initiative—identifying unrecognized medical conditions is standard public health practice, and we applaud the CDC for taking action to uncover treatable disease. The Academy further endorses eventually including HIV testing as a routine part of medical care, noting that all four points to the initiative are solid, viable prevention strategies. The Academy does, however, have significant concerns about the enduring effects this initiative will have on primary HIV prevention.

HIGHLIGHTING THE LIMITATIONS

Negatively Affecting Proven Strategies

Our principal concern lies with protecting existing, effective prevention programs whose support will be cut to fund programs prioritizing these four specific strategies. The Academy does not support reducing resources for proven, effective programs. The documented increases in domestic HIV and AIDS incidence require increased resources to introduce and test new strategies, not reallocation of already overstretched existing dollars. We fear that stripping monies from existing strategies to fund new ones runs the real risk of increasing the number of new infections.

Overwhelming Treatment Assistance Programs

In addition to general concerns about protecting effective prevention programs, the Academy has certain reservations regarding the limited focus of the initiative's specific strategies. First, the Bush Administration's increased efforts to diagnose HIV infection do not appear to be partnered with increased funding for the care and treatment of HIV-positive persons who are newly diagnosed through these programs. Specifically, no
allowances have been made in federal appropriations for the Ryan White CARE Act to absorb the higher influx of new patients.

In reality, programs under Ryan White are already struggling to meet increased need with the current insufficient funding levels. The AIDS Drug Assistance Program (ADAP) alone faces a projected deficit of hundreds of millions of dollars through fiscal year 2004. Such inadequacies will likely result in substandard care for uninsured and underinsured individuals living with HIV/AIDS. Therefore, the federal government should prepare for how and where to appropriately direct newly diagnosed individuals into care and treatment. The Academy asks that the CDC urge others in HHS and the Bush Administration to bolster public support systems such as those under the Ryan White CARE Act, Medicaid, and other health care delivery mechanisms, to prepare for the outcome of this new initiative.

**Eroding HIV Counseling**

Although making HIV testing more available in all health care settings is a desirable goal, such testing needs to be done with fully informed consent, as a person's housing, insurance, and employment may all be affected by a positive test result. Informed consent, including options for anonymous testing, cannot be obtained by unlinking counseling and testing. Fully informed participation in HIV testing can only be achieved through sufficient counseling efforts.

Because HIV prevention counseling is usually an unfunded procedure in the health care setting, the Academy fears that by normalizing HIV testing, HIV counseling, already too often disregarded, will further erode as a priority tool in HIV prevention. Therefore, we expect that in many health care settings, particularly those in the overworked, public health care systems, HIV counseling may be improperly delivered, if delivered at all, in any mass expansion of HIV testing. Although the best models for providing HIV testing and counseling within the time-constrained medical care setting have not been established, innovative methods to test strategies for counseling are now being developed, and we ask that these be prioritized and supported by the CDC and others within the HHS.

We further ask the federal government to actively address the issue of provider reimbursement for HIV prevention counseling and testing and to partner with the American Academy of HIV Medicine in establishing the best models for including HIV testing in routine medical care.

**Encouraging Stigmatization of HIV-Positive People**

Enlisting HIV-positive individuals in limiting infection is essential to any comprehensive HIV prevention strategy. The Academy, however, echoes the concerns of the National Association of People with AIDS (NAPWA):³¹

"Developing prevention programs for positive people must not become an excuse for shifting all responsibility for prevention (or blame for new infections) onto the shoulders of people living with HIV/AIDS. A culture of shared responsibility that encourages communication and equality in relationships should be a goal of our prevention programming."
Within the context of a "prevention for positives" initiative, we ask that HHS be prepared for and proactively address the subtext of blame and stigma that is likely to increase for HIV-positive Americans as a result of the Advancing HIV Prevention Initiative.

**Tempered Support**

Proven HIV/AIDS prevention efforts merit ongoing and increased support. In the dispiriting absence of new federal dollars in fiscal year 2004 for the CDC's prevention efforts,** the Academy regrets the initiative's emphasis on a select few strategies at the expense of historically successful ones.

Therefore, the Academy tempers its support of the 2003 Advancing HIV Prevention Initiative. Because of the uncertain risks the CDC is taking with these measures, the Academy will carefully monitor the initiative's implementation and subsequent outcomes. Given that the Academy's members care for the majority of persons living with HIV/AIDS in treatment, we recognize our vital role in HIV prevention. We look forward to partnering with the CDC in their new and ongoing efforts to stave off new infections, despite our significant concerns.

**As of December 12, 2003, House and Senate versions of Labor/HHS/Education Appropriations for fiscal year 2004 have not yet been voted on by the entire Congress but are scheduled for a vote in January 2004.

**Recommitting to HIV Prevention Efforts**

Until we have a vaccine or a cure, preventing HIV through behavior change is the most cost-effective and humane approach our society can take in responding to this epidemic. With the average lifetime care for someone infected with HIV estimated at $193,000 (in 2002 dollars), the best way to reduce illness, disease, and the societal and economic costs of HIV is to limit new infections.

A recent analysis estimated that failing to reduce the annual rate of new HIV infections from 40,000 to 20,000 per year between 2002 and 2005 would result in 130,000 excess HIV cases by 2010, with excess medical expenses exceeding $18 billion during that time. This analysis also estimated that $383 million per year in additional resource allocations for prevention programs may be needed to reduce new infections by 50%. Assuming that such investments are successful at keeping new infections down, the United States could save tens of thousands from infection and more than $18 billion through 2010.

The Academy urges Congress and the Bush Administration to confront increasing HIV rates with the forceful engagement and alarm that we have witnessed with bioterrorism, SARS, and other imminent threats to our nation's public health. Unqualified engagement and decisive success are indisputably linked. Further, as the United
Nations Joint Programme on AIDS states, "Half-measures bring, at best, partial results." With a collective will of such singular focus, we can again celebrate success in reducing the suffering and costs of HIV/AIDS. We must both marshal support for ongoing effective programs (including comprehensive sex education) and research, and develop innovative prevention strategies in earnest.

PATH OF ACTION

Federal health policy at a time of crisis must be based on a combination of scientific evidence (only some of which we have) and innovation (which the 2003 Advancing HIV Prevention Initiative provides). While developing new initiatives to be implemented and evaluated, we must not sacrifice proven—albeit imperfect—strategies. This all must be done in an environment of scientific objectivity—any political attempts to censor basic or behavioral research or to intimidate programming would only forward an unsound agenda lacking in scientific support.

Just as combination therapy is necessary to successfully arrest the progression of HIV disease, comprehensive, interconnected strategies are necessary to effectively reduce HIV incidence. We believe that new prevention programs must supplement, not supplant, current initiatives unless and until they are proven to be more effective.

As President Bush eloquently professed regarding his global Emergency Plan for AIDS Relief, "The United States of America chooses the path of action and the path of hope" and we must "move forward with speed and seriousness that this crisis requires." Indeed, America must intervene to protect the lives of those both at home and abroad. In accordance with those comments, the American Academy of HIV Medicine advises our leadership both in the U.S. Congress and in the Bush Administration to recognize existing HIV prevention successes; reevaluate the limited strategies of the Advancing HIV Prevention Initiative; and recommit both morally and financially to arresting this inimical disease at home.

ABOUT THE ACADEMY

The American Academy of HIV Medicine is an independent organization of HIV Specialists and others dedicated to promoting excellence in HIV/AIDS care. Through advocacy and education, the Academy is committed to supporting health care providers in HIV medicine and to ensuring better care for those living with AIDS and HIV disease.

Our 1,600 members provide direct care to more than 275,000 HIV patients. This is more than half of the patients in active treatment for HIV disease. The Academy has a diverse membership, primarily composed of ID, IM, FP and GP specialists. In addition, 10 percent of the Academy's primary voting members are frontline NPs and PAs. More than 40 percent of the Academy's members receive Ryan White CARE Act funding, with 17 percent of the Academy's members practice in community clinics.
NOTES AND REFERENCES


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