



## ***A Call for CDC Action on HIV Prevention Justice***

***Leading public health officials and community activists agree – we need a paradigm shift in HIV prevention research and policy to inform and improve our practices if we are to turn the tide of HIV transmission. We need CDC to take a bold stand as the leader in this effort.***

The HIV PJA recognizes and insists on the need for **full-government investment and involvement in HIV prevention**. However, we come to the 2009 NHPC to issue a strong and distinct call for **CDC leadership** as the cornerstone agency of science-based public and preventive health in our nation.

**Simply put, CDC must build the demand for HIV prevention across all communities and sectors needed in this fight against HIV/AIDS.**

CDC needs to work consistently and transparently with partners and stakeholders as a **strong voice in policy** beyond its own programming, and **work pro-actively with the Office of National AIDS Policy** to create a focused, measurable and result-oriented **National HIV/AIDS Strategy (NHAS)**.

In order to achieve population-level decreases in incidence, CDC must ensure the **strategic scale-up** of comprehensive, combination HIV prevention that **expands successful interventions, invests in research and evaluation, prioritizes strategies for highest incidence populations, and addresses social drivers**, such as lack of housing, mass imprisonment, poverty and marginalization.

After years of neglect, CDC must **rescue prevention science** as a foundation of policy, using all possible mechanisms to help **lift the federal funding ban on syringe exchange without restrictions** and provide **accurate, detailed information and tools to the public on all HIV prevention strategies for all populations**. CDC must also provide a searchable database on all research efforts, and improve the integration of stakeholders into research prioritization.

**Distinct and realistic comprehensive strategies** must be developed, implemented, funded and monitored for **low, medium and high-prevalence regions and communities**, as well as for interventions that work to **reduce incidence throughout the lifespan**, not just achieve short-term or small-scale decreases in risk behaviors. Strategies must be carefully prioritized by level of need.

**The conceptual, structural and practical barriers between treatment and prevention, and between biomedical, behavioral and social interventions must be eliminated.** Grantees must be given flexibility in achieving **integration between HIV, STD and other areas of public health** that intersect in the lives of real people facing health challenges. Further, **prevention providers** must be offered **capacity building and retraining** to engage in **integrated efforts, pivotal research and structural interventions** to tackle potential root causes of HIV in our communities.

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention should adopt a **social-determinants framework** to strategically address factors such as poverty, homophobia and mass imprisonment of African Americans and Latinos that are likely drivers of the epidemic. CDC must re-vision the emphasis on “boxed interventions,” which have failed to meet the nation’s HIV prevention needs. In addition, the CDC should **improve surveillance and data-collection**, scrap the fatally flawed PEMS interface, and issue **annual reports** on progress towards specific targets.

A network of organizations and individuals, the HIV Prevention Justice Alliance (HIV PJA) advocates for effective and just HIV prevention policies. An evolution of the Prevention Justice Mobilization launched at the last NHPC, the HIV PJA is coordinated by CHAMP in collaboration with AIDS Foundation of Chicago and SisterLove. For more information, contact Julie Davids: 212-937-7955 x 70 ([jdavids@champnetwork.org](mailto:jdavids@champnetwork.org)) or David Ernesto Munar : 773-273-9009 ([dmunar@aidschicago.org](mailto:dmunar@aidschicago.org)).