



August 26, 2013

Dear Prevention Partner:

For many years, the Centers for Disease Control and Prevention's (CDC) Division of HIV/AIDS Prevention (DHAP) has disseminated science-based programs through its Diffusion of Effective Behavioral Interventions (DEBI) project. This project has provided HIV prevention programs across the country with a broad portfolio of effective interventions, targeting various populations, with the intended goal being to reduce the incidence and prevalence of HIV in the United States.

In accordance with DHAP's High Impact Prevention approach and the National HIV/AIDS Strategy (NHAS), we are continuing to focus our programs on the most scalable strategies that can yield the greatest overall impact and reduce new HIV infections. Recent scientific advances have led to an increased number of tools in our prevention portfolio and to an improved understanding of how to administer resources to maximize the effects of our HIV prevention efforts. As the number of prevention options has increased, it is critical that DHAP's prevention investment provides support for interventions that are proven to be effective, but are also the most scalable and offers the greatest opportunity to provide the maximum impact on reducing new HIV infections.

With this in mind, DHAP has engaged in an exhaustive process to determine which of the interventions diffused as part of the DEBI project confer the greatest prevention benefit in the most cost-effective way. Led by a variety of CDC experts, this process is based on a data-driven formula that considers three key elements: the cost of the intervention, the effect of the intervention and the incidence of HIV among the intervention's target population. These factors determine the prevention benefit of the intervention which was then compared to the lifetime cost of HIV care.

As a result of this process, DHAP will focus its behavioral intervention portfolio on interventions that are cost-effective, scalable, and prioritize prevention with positives and those persons at highest risk for acquiring HIV. Attached to this letter is a listing of supported and non-supported interventions. While some interventions will no longer be funded by CDC, we will continue to support these interventions with on-line resources.

We are committed to helping you navigate this transition. DHAP will provide technical assistance to our community-based, capacity-building assistance and health department grantees through a series of conference calls, webinars and face-to-face meetings on this topic.

The first webinar is scheduled for Wednesday, September 4th at 3:00 p.m. ET to provide you with more details regarding the new EBI prioritization process and critical next steps. We will soon send an email invitation that will allow you to register for the webinar.

Amid the changing landscape of HIV prevention, risk-reduction interventions continue to play an important role in reducing HIV incidence. We look forward to continuing to work with you on their diffusion, adoption, and implementation as well as all of the critical work you do to bring high-impact HIV prevention to the communities you serve.

If you have questions about availability of capacity building or technical assistance, please contact cbagratees@cdc.gov. For questions about your CDC-funded HIV program, please send an email to your respective funding opportunity announcement (FOA) mailboxes.

Sincerely,

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