

## **High Impact HIV/AIDS Prevention Project (HIP) is CDC's approach to reducing HIV infections in the United States.**

To advance the prevention goals of the National HIV/AIDS Strategy and maximize effectiveness of current HIV prevention methods, CDC outlined the HIP approach in 2011. HIP uses combinations of scientifically proven cost-effective, targeted and scalable interventions for maximum impact on the HIV epidemic. The strategies have been proven effective through research studies that showed positive behavioral (e.g., use of condoms; reduction in number of partners) and/or health outcomes (e.g., reduction in the number of new STD infections). Studies employed rigorous research designs, with both intervention and control groups, so that the positive outcomes could be attributed to the interventions. With input from the researchers, the materials necessary to implement the interventions have been packaged into user-friendly kits. With the appropriate training and intervention package, service providers can increase their opportunities to conduct effective HIV/STD/Viral Hepatitis prevention programs in their communities.

The HIP project, formerly known as, DEBI began in 1999 when the [Centers for Disease Control and Prevention](#) (CDC) published a Compendium of HIV Prevention Interventions with Evidence of Effectiveness to respond to prevention service providers who requested evidence-based interventions that work. HIV prevention technology transfer is a process by which these interventions are disseminated for implementation through provision of training and technical assistance. CDC's [Prevention Research Synthesis \(PRS\) Project](#) routinely updates an online [Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention](#) by adding newly identified evidence-based behavioral interventions (EBI) and best practices that have been scientifically proven to significantly reduce HIV risk or promote HIV care. CDC's [Compendium](#) now includes 84 HIV risk reduction ([RR](#)) evidence-based behavioral interventions, 10 HIV medication adherence ([MA](#)) evidence-based behavioral interventions, and 9 Best Practices for promoting linkage to and retention in HIV care ([LRC](#)). These interventions are classified as either evidence-based interventions or best practices and have gone through rigorous evaluation with results demonstrating that interventions work.

The dissemination of evidence-based interventions and best practices related to effective HIV prevention is a critical part of building capacity among organizations that implement prevention programs for populations at risk for HIV. The CDC's Division of HIV/AIDS Prevention (DHAP), Capacity Building Branch is committed to enhancing the capacity of individuals, organizations, and communities to conduct more effective and efficient HIV prevention services.

Partnering with CDC, [Danya](#) coordinates training and technical assistance for the HIP project. Danya works in collaboration with CDC/DHAP Capacity Building Branch staff, the National Network of STD/HIV Prevention Training Centers (PTCs), state and city health departments, Capacity Building Assistance providers (CBAs), and the Behavioral and Social Scientist Volunteers program (BSSV) to offer training and technical assistance on high impact HIV/AIDS prevention interventions and strategies.

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