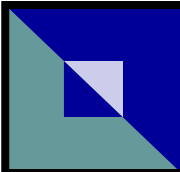


National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Strategic Plan 2009-2015



Draft: October 27, 2009



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1 INTRODUCTION

The Centers for Disease Control and Prevention (CDC) clearly reflects its vision of improving the quality of health in the United States and around the world with its vision statement: Safer Healthier People. Since its beginning in 1948, CDC's mission has expanded from one that focused exclusively on infectious diseases to one that includes chronic diseases, injuries, workplace hazards, disabilities, environmental health threats, and health promotion.

Since 1979, the Healthy People initiative has laid out a framework to monitor the nation's health. Healthy People 2010 is leading the way to achieve increased quality and years of healthy life and the elimination of health disparities. Development of Healthy People 2020 goals and objectives is underway. It is important that all CDC units align their direction, focus, and individual missions to support healthy people objectives through timely, relevant, and creative strategic thinking and planning. This strategic plan for the National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP) has been developed to support these efforts as well as provide a framework that enables resiliency as the Center looks into the future of a dynamic world.

Many internal and external factors define the context in which the Center works. The sheer burden of HIV, viral hepatitis, STDs, and TB disease in the United States and globally requires constant vigilance and response. An improved understanding of the drivers of these epidemics and their interactions is essential to responding with effective interventions for disease prevention and health promotion. As a leader in public health, CDC must stay involved in ongoing discussions on health, health protection, and the evolution of health systems. CDC is well positioned to provide national and global leadership within this context, maintaining excellence in its prevention and control programs to carry out its important mission.

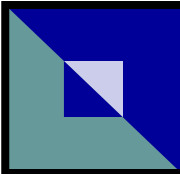
The strategic plan that follows is the result of a collaborative effort by staff in the NCHHSTP Office of the Director, the Center's divisions and branches, and other key partners within and outside CDC to refine a strategic direction and innovative strategies to guide the Center's programs. The plan outlines key objectives and strategies for achieving mutual goals with our partners. The plan is intended to be a working document—one that will change as we gain input, experience, and perspective.

The development of this plan was also guided by CDC's six strategic imperatives which are outlined on page 4 of this plan.

2 BACKGROUND

2.1 History

The National Center for HIV/AIDS, STD, and TB prevention was established in 1994 to bring together most of CDC's HIV prevention activities under a single organizational home that also includes STD and TB prevention. In 2000, the Global AIDS Program (GAP) was added in



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response to the global HIV/AIDS epidemic. In 2006, the Division of Viral Hepatitis was added and the Center was renamed the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP).

In January 2010, CDC moved GAP from NCHHSTP to a new Center for Global Health as part of organizational improvement. Given the strong linkages between NCHHSTP's domestic programs and GAP and the need for continued linkages between NCHHSTP and the new Center for Global Health, this strategic plan retains goals and objectives for GAP's global health activities.

These programs were brought together as the diseases addressed by NCHHSTP share a number of commonalities. They have similar or overlapping at risk populations – including racial and ethnic minorities, men who have sex with men, and injection drug users. These diseases also have important interactions and share similar social determinants of health.

2.2 Mission statement

NCHHSTP's mission is closely aligned to the CDC mission.

CDC Mission: To create the knowledge, tools, and networks that people and communities need to protect their health - through health promotion, prevention of disease, injury, and disability, and preparedness for threats.

NCHHSTP Mission: To maximize public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome, Non-HIV Retroviruses, Viral Hepatitis, other Sexually Transmitted Diseases, and Tuberculosis.

2.3 Vision Statement

NCHHSTP has established the following vision:

A future free of HIV/AIDS, Viral Hepatitis, STDs, and TB.

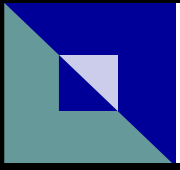
2.4 Strategic Imperatives

CDC has defined six strategic imperatives to guide decisions and priorities across the agency. These imperatives are:

Health impact focus: To align CDC's staff, strategies, goals, investments, and performance to maximize impact on the population's health and safety

Customer-centricity: To market what people want and need to choose health

Public health research: To create and disseminate the knowledge and innovations people need to protect their health now and in the future



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Leadership: To leverage CDC's unique expertise, partnerships, and networks to improve the health system

Globalization: To extend CDC's knowledge and tools to promote health protection around the world

Accountability: To sustain people's trust and confidence by making the most efficient and effective use of their investments for CDC

NCHHSTP has used these imperatives to build an organizational culture that emphasizes (1) understanding what people want and need in communities around the world to prevent or control HIV infection, AIDS, viral hepatitis, STDs, and tuberculosis (TB); (2) eliminating health disparities and promoting health equity; (3) prevention research and its translation; and (4) individual and institutional accountability.

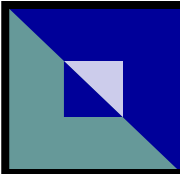
3 ABOUT NCHHSTP

NCHHSTP is one of the largest centers at CDC with a budget of approximately \$1 billion. The Center employs a cadre of dedicated staff to accomplish its objectives. The NCHHSTP workforce consists of almost 1,300 full-time employees (FTEs), including approximately 300 who are assigned to state and local health departments in the United States, and 500 non-FTE staff in Atlanta. NCHHSTP is composed of an Office of the Director and four divisions, each of which is defined by the diseases it addresses. Although the divisions have their own missions, the National Center provides leadership to help coordinate their efforts and foster collaboration among them.

Center staff work in collaboration with governmental and nongovernmental partners at community, state, national, and international levels to accomplish the NCHHSTP mission.

Since 2006, NCHHSTP has identified three overarching programmatic imperatives that provide a shared context within which the Center and all of its units work to meet their goals. These imperatives, described below, also provide the foundation for the strategic plan detailed herein.

- 1) **Program Collaboration and Service Integration (PCSI):** PCSI is a mechanism of organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established linkages to facilitate the delivery of services. NCHHSTP believes integration should be focused at the field or client level where the interface between the system and the consumer takes place. Collaboration across programs and sectors is a key strategy for ensuring the alignment and deliver of effective health protection services.
- 2) **Reducing Health Disparities:** A health disparity is the difference that separates a group of interest from a reference group for an indicator of health that is measured in terms of a rate, percentage, mean, or some other quantitative measure. NCHHSTP aims to improve the health of populations disproportionately affected by HIV/AIDS, viral hepatitis, STDs, TB and other related diseases and conditions, with the goal of ultimately eliminating



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health disparities. Priority populations include racial and ethnic minorities, women, incarcerated persons, sexual minorities and other persons disproportionately affected by these diseases and conditions.

- 3) **Maximizing Global Synergies:** By maximizing global synergies, NCHHSTP aims to promote interdependent programmatic relationships between NCHHSTP divisions that have a global presence. The goal is to ensure active collaboration between divisions to take full advantage of opportunities for leveraging NCHHSTP and CDC resources and to maximize health impact. Under this imperative, NCHHSTP will actively elicit input about international program development and public health research, foster robust internal and external partnerships, and commit to novel and participatory approaches for implementation and dissemination of evidence-based public health strategies.

These programmatic imperatives provided an initial framework for organizing cross-cutting NCHHSTP activities. It is now time for a more systematic identification of expansive, bold and cross-cutting goals, objectives and strategies – which is precisely why this strategic plan was developed at this time.

4 NCHHSTP CORE VALUES

NCHHSTP staff members are committed to achieving a future free of HIV/AIDS, viral hepatitis, STDs, and tuberculosis. In addition, NCHHSTP has built the principles it operates on CDC core values of accountability, respect, and integrity. These values influence how we work together, how we serve our communities, how we make decisions, and how we determine our priorities. They reinforce our respect for ourselves, our colleagues, and the people we serve. As a public health organization, we value:

Accountability: As diligent stewards of public trust in public funds, we act decisively and compassionately in service to the public's health. To meet real public needs in an honest and responsible fashion, we ensure that our research is based on sound science, and we ensure that the programs we administer and the services we support are transparent.

Respect: We respect and understand our interdependence with all people, both within the agency and throughout the world. Accordingly, we treat them and their contributions with dignity, and we value individual and cultural diversity. We are committed to creating an environment where all views and opinions are welcomed and valued.

Integrity: We are honest and ethical in all we do. We will do what we say. We prize scientific integrity and professional excellence.

Commitment to Excellence: We have an overarching commitment to ensure that all scientific, programmatic and policy decisions and recommendations are based on the best available scientific evidence; the engagement of our partners; and core ethical principles.

Diversity: We are committed to achieving a diverse and highly trained workforce at all levels of the organization and to promoting equal employment opportunities for all.

Transparency: We are dedicated to keeping the public, our partners and our staff informed of all Center initiatives, results, and decisions, as well as the logic and evidence which underlie these.

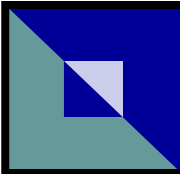
Commitment to the People We Serve: We are passionate about the work we do and compassionate towards the domestic and international populations we serve.

5 HEALTH PROTECTION FRAMEWORKS

5.1 Guiding frameworks

There are a number of frameworks that inform NCHHSTP's work and are relevant in moving forward as an organization.

- **Health Reform** – This strategic plan is aligned with the nation's goals for health reform. Regardless of the form that health reform takes in future years, NCHHSTP will adhere to the following overarching goals:
 - Invest in prevention and wellness.
 - Improve patient safety and quality of care.
 - Increase efficiency in the delivery of health services to reduce costs.
- **Healthy People 2010/2020** – Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention activity. The Healthy People initiative is leading the way to achieve increased quality and years of healthy life and the elimination of health disparities.
- **CDC Priorities** – This plan supports the priorities of the agency to:
 - Strengthen
 - Surveillance and epidemiology
 - Ability to support state and local public health
 - Provide public health leadership in
 - Global health
 - Health policies, especially health reform
 - Better addressing leading causes of death and disability
- **Syndemic Orientation of Health Systems** – Syndemics refer to the synergistically interacting epidemics of HIV, viral hepatitis, STDs, and TB. The effects of these conditions overlap and increase illness among those infected, and we respond with comprehensive, integrative approaches to disease prevention and health promotion.



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- **Social Determinants of Health** – Socioeconomic status, poverty, and geography are some of the important correlates of disparities in health, and our health intervention strategies must acknowledge and respond to these social dynamics where possible.
- **Evidence-based Practice and Programming** – Prevention strategies and program design must be based on rigorous scientific research that shows the link between interventions and positive health behaviors.
- **Acceleration of Knowledge to Action** – The timely dissemination of research into practice is essential to improving health in communities in need. However, equally important is the concept of program science – that science is driven and informed by the needs of prevention programs so that NCHHSTP’s public health science is relevant, applicable, acceptable and appropriate for maximizing health impact at home and abroad.

NCHHSTP prevention programs work to prevent disease acquisition and transmission. We work with partners to promote healthy living and improving quality of life at every stage of life and in every setting. Through surveillance, research, prevention, and evaluation activities, NCHHSTP strives to identify strong evidenced-based practices that can be transmitted quickly to our partners.

5.2 Health Protection in NCHHSTP

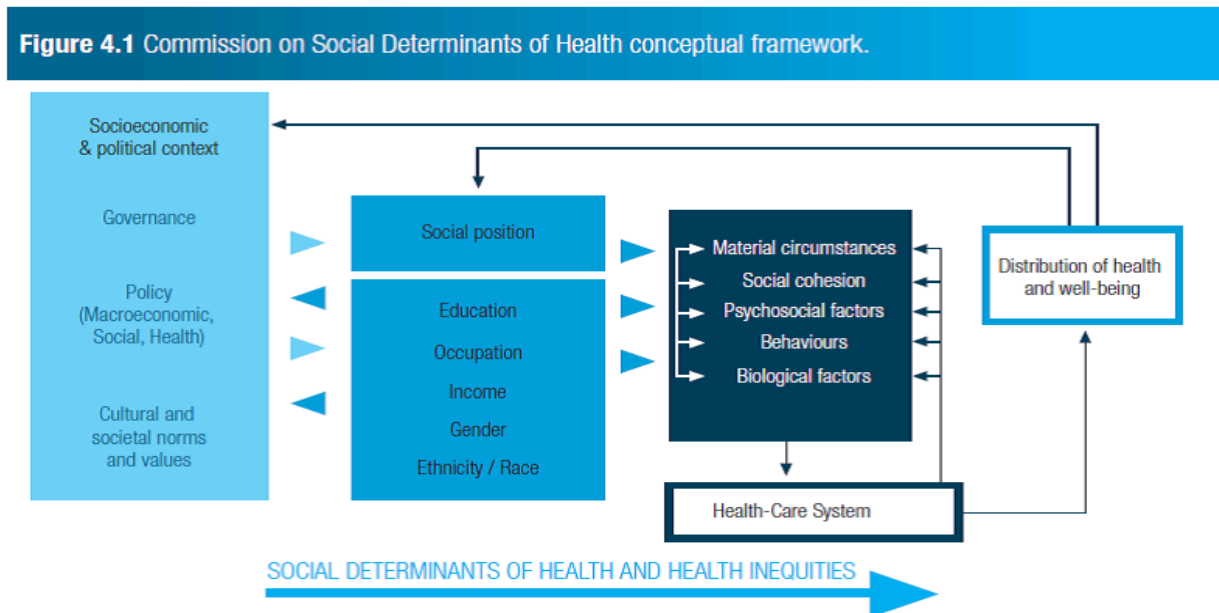
The main determinants of the patterns of spread and distribution of HIV/AIDS, viral hepatitis, STD, and TB (**health outcomes**) in any given society are a dynamic interplay between these infectious agents, patterns of risk behavior and the effectiveness of prevention and control interventions.

NCHHSTP recognizes that an individual’s risk of acquiring these diseases is also dependent upon the risk of others (partners, household members, community contacts) as well as characteristics of the social and sexual networks, the communities within which these networks reside, and the society’s characteristics including socioeconomic, cultural norms and values (**health determinants**).

Health is created not only within or by the health sector, but through collaboration and engagement of allied sectors and agencies and policies, legislation, inter-sectoral collaboration and economic interventions (**structural/contextual determinants**). These other areas may have a tremendous impact on the health of a society and of an individual.

The model below (see Figure 1), developed by the World Health Organization’s Commission on Social Determinants of Health, describes the interaction of the following elements: socioeconomic and political context; structural determinants and socio-economic position; intermediary determinants (includes material circumstances, social-environmental circumstances, behavioral and biological factors, and the healthcare system); a crosscutting determinant that incorporates social cohesion and social capital into the model; and finally the impact on health equity and wellbeing (measured as health outcomes).

Figure 1: World Health Organization’s Commission on Social Determinants of Health conceptual framework



Source: Amended from Solar & Irwin, 2007

A health protection framework for NCHHSTP therefore must include not only the individual determinants of disease transmission, but also the social determinants of health. NCHHSTP’s comprehensive prevention framework encompasses a spectrum of risk and opportunities for intervention – from the infectious agent to the society as a whole.

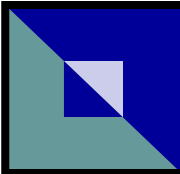
5.3 Core Mission

Accelerate the prevention, control and elimination of HIV, viral hepatitis, non-HIV sexually transmitted diseases (STDs), and tuberculosis (TB) within the United States and, through partnerships, globally.

NCHHSTP’s core mission defines the programmatic, policy, scientific expertise, and responsibility within CDC’s health protection portfolio. This core mission supports CDC’s mission to create the knowledge, tools, and networks that people and communities want and need to protect their health – through health promotion, prevention of disease, injury, and disability, and preparedness.

To achieve this mission, NCHHSTP supports the delivery of the 10 essential public health services identified by the Public Health Service in *Public Health In America* (1994).

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.



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3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people with needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care work force.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

NCHHSTP's domestic and international divisions support these essential public health services with a comprehensive portfolio of programmatic activities. The programs are structured to deliver integrated approaches to prevention, including surveillance, behavioral and biomedical interventions, diagnostic tools, and linkage to care. The Office of the Director applies leadership and management practices consistent with CDC's mission as the nation's health protection agency and ensures the coordination of prevention, practice, communication, and policy issues among the divisions.

In addition to the NCHHSTP Strategic Plan, each division has identified objectives and strategies for achieving its programmatic goals. These goals are arranged around NCHHSTP's performance measures, which are used to monitor and evaluate the public health outputs and outcomes of programs. A list of these performance measures can be found in Appendix [X].

The following five goals and strategies support NCHHSTP's core mission and are key priorities for the development of NCHHSTP programs and activities for the duration of this strategic plan.

6 GOALS, OBJECTIVES, AND STRATEGIES

Strategic goals provide focus, direction, and a way to organize our work, promote maximal synergies between our prevention programs, and accelerate our efforts towards meeting CDC's Health Protection Goals. In addition to its core mission, NCHHSTP has chosen five important areas on which to focus goals in its strategic plan.

Goal 1: Program Collaboration and Service Integration: NCHHSTP will look broadly across its programs to discover new and innovative ways to collaborate and use its resources wisely, taking advantage of multiple disciplines and shared knowledge, and promote holistic approaches to health protection. NCHHSTP will find new ways to foster collaborative work and to expand flexibility of funds to facilitate the integration of programs and services at the local level when appropriate. NCHHSTP will work with partners to increase the efficiency, effectiveness, and impact of preventive services.

Goal 2: Health Equity: Many of the populations served by NCHHSTP suffer from the stigma attached to their diseases or from socioeconomic disparities, and it is increasingly important to make work in this area a top priority.

Goal 3: Global Health Protection and Systems Strengthening: Though much of NCHHSTP's work is focused on important and urgent domestic issues, it cannot ignore the inter-connectedness of societies globally. CDC plays an important role in protecting the health and well-being of Americans at home and abroad, and it serves as an important international partner in efforts to protect and improve the health of all people.

Goal 4: Partnerships: The Center can not accomplish its mission without strong partnerships in place. NCHHSTP will lead strong collaborative efforts with partners to reduce the impact of HIV/AIDS, viral hepatitis, STDs, and TB.

Goal 5: Workforce Development and Capacity Building: NCHHSTP will develop a strong, committed, and professional workforce. We will work with our partners to assess and support critical local infrastructure as appropriate. A well trained, diverse and culturally competent workforce is critical to successfully meeting all other goals. NCHHSTP will examine and leverage opportunities with health reform to support this goal.

These key elements translate into six strategic goals and accompanying objectives and strategies, all of which are detailed below (not in priority order.)

6.1 Program Collaboration and Service Integration

Goal 1: Maximize Center-wide collaboration to promote and support Program Collaboration and Service Integration in STD, HIV, hepatitis, TB and other disease prevention programs within jurisdictions, territories, and among partners to increase efficiencies and provide comprehensive evidence-based prevention services to impacted populations.

RATIONALE: Several factors influence the need for improved collaborative work and integration of prevention services between HIV/AIDS, Viral Hepatitis, STD and TB programs. Among these are the interactions between concurrent infections, risk behaviors, and the cumulative affect of multiple diseases and health inequities affecting at-risk populations.

- HIV, viral hepatitis and STDs share common risks and modes of transmission.
- Sexually transmitted infections increase the risk of acquiring and transmitting HIV, and STI treatment reduces transmission of HIV
- HIV is one of the greatest risk factors for progression to TB disease.
- TB is an AIDS defining opportunistic condition.
- Clinical course and outcomes are influenced by concurrent disease (HIV/TB can be deadly and TB accelerates HIV disease progression).

The net impact of this interaction is the excess morbidity and mortality experienced by affected populations and individuals in our society today. Preventing disease will require coordinated efforts in addition to infection specific approaches to tackling these health problems.

ALIGNMENT: PCSI is aligned to common purpose and strategies defined and agreed to by NCHHSTP programs. A shared goal across all programs is the elimination of health disparities in HIV, STD, viral hepatitis and TB infections (i.e. individuals with limited access to health care, IDUs and other drug users, and racial, ethnic, and sexual minority populations). Other common goals across NCHHSTP programs include:

- Managing and reducing stigma and the resulting consequences in accessing and providing services;
- Preventing disease among at-risk/un-infected persons;
- Interrupting transmission of infection using similar methods of targeted screening, partner counseling, elicitation, testing, referral, and contact investigations;
- Ensuring access to comprehensive high quality, culturally competent services for individuals seeking care including marginalized, under and uninsured, at risk populations;
- Promptly diagnosing disease and providing expeditious treatment and/or referral for care;
- Collecting, analyzing, and interpreting outcome specific data of infections in the population (i.e. case surveillance) for use in the planning, implementation, and evaluation of public health practice.

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GOAL 1: Objectives	Strategies
<p>Objective 1A. Expand programmatic flexibility to facilitate program collaboration and the integration of services at the client level.</p> <p><i>Indicator: Number of non-research FOAs in alignment with PCSI.</i></p>	<ul style="list-style-type: none"> I. Review all non-research, programmatic FOAs for HIV, Viral Hepatitis, STD, and TB Divisions to ensure the inclusion of language and performance measures in support of PCSI II. Organize and coordinate activities to ensure cross-Division involvement in the development of FOAs and program guidance. III. Encourage jurisdictions to review local epidemiology for co-morbidities in priority populations and develop and implement targeted, integrated programmatic strategies. IV. Identify and remove administrative barriers to PCSI. V. In an era of health reform, identify opportunities to accelerate PCSI implementation.
<p>Objective 1B. Align surveillance systems, policies, standards, and procedures so that surveillance data can be accessed and used for integrated public health interventions, integrated programmatic planning, and evaluation.</p> <p><i>Indicator: Data sharing and confidentiality standard for HIV/AIDS, Hepatitis, STD and TB developed.</i></p>	<ul style="list-style-type: none"> I. Review and align surveillance data elements, policies, and procedures. II. Develop guidance that facilitates data sharing between programs. III. Produce an integrated surveillance that enhances understanding of co-morbidities and syndemics. IV. Identify and remove barriers to surveillance integration. V. Demonstrate the feasibility and acceptability of integrated surveillance.
<p>Objective 1C. Identify and promote opportunities for integrated trainings, cross-training, and training on integration for NCHHSTP and jurisdictions.</p> <p><i>Indicator: Integrated Trainings developed</i></p>	<ul style="list-style-type: none"> I. Enhance collaboration and coordination between training units. II. Enhance capacity to cross-train CDC staff (headquarters and field), partners, and staff in jurisdictions and territories. III. Review existing training curricula and identify opportunities for integration. IV. Identify and assess evolving training needs and opportunities in a transformed health system.
<p>Objective 1D. Implement, maintain, and</p>	<ul style="list-style-type: none"> I. Identify and support opportunities for integrated program guidelines and recommendations.

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GOAL 1: Objectives	Strategies
<p>evaluate support systems, prevention policies, structures, and activities designed to enhance PCSI</p> <p><i>Indicator: Number of integrated guidelines and recommendations published.</i></p>	<ul style="list-style-type: none"> II. Maintain cross-division work groups to develop guidance and coordinate program efforts for MSM, drug users, and other populations with multiple health disparities. III. Facilitate access to information that will improve integrated public health practice such as promising practices, tools, research and evaluation findings. IV. Provide leadership, foster and facilitate joint site visits where and when appropriate. V. Review Division plans and ensure PCSI specific goals and strategies are identified and adopted. VI. Incentivize PCSI activities for work plans at the individual, branch, division and center level. VII. Identify and address opportunities and needs for external and internal policy development related to sexual health.
<p>Objective 1F. Facilitate the development of integrated health messages for individuals and subpopulations with overlapping risk for multiple infections.</p> <p><i>Indicator: Number of integrated materials and campaigns developed.</i></p>	<ul style="list-style-type: none"> I. Identify key intersects for health messaging. II. Ensure comprehensive prevention messages are available for populations with multiple risk profiles. III. Review existing EBIs to identify opportunities for health messages for other diseases when appropriate. IV. Coordinate a cross-CDC initiative to promote sexual health.
<p>Objective 1G. Conduct research and evaluation related to PCSI</p> <p><i>Indicator: Number of research projects on the effectiveness of integration or related to the intersection of two or more diseases.</i></p>	<ul style="list-style-type: none"> I. Facilitate and encourage behavioral, health services, and communications research and epidemiological studies related to PCSI. II. Develop PCSI evaluation plan. III. Collaborate with federal and other partners to develop a sexual health research agenda. IV. Support evaluations of opportunities and challenges for PCSI in a transformed health system.

6.2 Health Equity

GOAL 2: Eliminate health disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB by promoting health equity

RATIONALE: The concept of health equity is aspirational and focuses on the distribution of resources and other processes that drive a particular kind of health disparity- a systematic inequality in health or in its social determinants. It is important to examine the structural drivers of health disparities in addition to individual behaviors. Social determinants comprise a complex, integrated and overlapping set of social structures and economic systems, have been shown to influence health outcomes and may have a tremendous impact on the health of a society and of an individual.

In the last several years NCHHSTP embraced a more comprehensive approach to disease tracking prevention and control, and recently has begun to incorporate a social determinants of health approach into the work of the Center.

ALIGNMENT: This NCHHSTP strategic goal is aligned with both the US Department of Health and Human Services’ Healthy People 2010 objectives and the Healthy People 2020 Framework: particularly the overarching goal to achieve health equity, eliminate disparities, and improve the health of all groups. This goal also supports the World Health Organization’s 2008 Commission on Social Determinants of Health report which calls on public health action to: 1) Improve the conditions of daily life; 2) Tackle the inequitable distribution of power, money, and resources, and; 3) Measure and understand the problem and assess the impact of action.

GOAL 2. Objectives	Strategies
<p>Objective 2A.</p> <p>Define and pursue a science-based approach to identify and eliminate health disparities related to HIV/AIDS, viral hepatitis, STDs, and TB and associated diseases and conditions.</p> <p><i>Indicators</i> <i>Annual publication of integrated surveillance report that routinely evaluates health disparities</i></p> <p><i>Comprehensive surveillance and research agenda for promoting health equity in focus diseases are written and vetted</i></p>	<ul style="list-style-type: none"> I. Develop, implement and evaluate a surveillance and public health prevention research agenda for addressing health disparities in HIV/AIDS, viral hepatitis, STDs, and TB through comprehensive and multi-level approaches including addressing the social determinants of health. II. Develop, implement and evaluate a communication science plan that articulates the vision for achieving health equity through comprehensive and multi-level approaches that are culturally appropriate and relevant. III. Prioritize investments with explicit goals in programs and interventions to eliminate health disparities and promote health equity among all populations by working in collaboration with the NCHHSTP divisions and branches. IV. Foster collaboration within CDC and among other federal and Department of Health and Human Services agencies to facilitate the conduct of public health research to eliminate health

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GOAL 2. Objectives	Strategies
	<p>disparities and to integrate studies of social determinants of health.</p> <p>V. Continue to build community capacity and improve partnerships with communities affected by HIV/AIDS, viral hepatitis, STDs, and TB.</p> <p>VI. Create global partnerships to better characterize and address health disparities internationally and to protect the health of persons moving to reside in the US.</p> <p>VII. Ensure that all funding opportunity announcements include a component that addresses reducing health disparities and health equity promotion.</p> <p>VIII. Promote, support and evaluate evidence-based approaches on recommended vaccinations, screening for HIV, viral hepatitis, and STDs for providers who serve predominately disproportionately affected populations in public and private health care settings.</p>
<p>Objective 2B.</p> <p>Identify which social determinants of health are important to address in reducing health disparities in HIV/AIDS, viral hepatitis, STDs, and TB and develop and advance appropriate plans for addressing these social determinants in NCHHSTP programmatic and scientific work.</p> <p><i>Indicators</i> <i>Social determinants of health models are developed to address at least two prioritized disparity areas/populations.</i></p> <p><i>Guidance on SDH definitions, measures, indicators, and data sources for NCHHSTP programs and science is written and vetted.</i></p>	<p>I. Support expert consultations to assist NCHHSTP in prioritizing policy, programmatic, and research efforts based on the social determinants of health that have the greatest impact in reducing health disparities.</p> <p>II. Develop strategic multidisciplinary collaborative activities to facilitate novel cross programmatic activities to reduce health disparities due to various social determinants of health.</p> <p>III. Develop or refine methodologies for obtaining, analyzing and presenting data on social determinants of health for NCHHSTP diseases using existing or novel supplemental surveillance systems.</p> <p>IV. Develop and implement social determinants of health and health disparities training for all NCHHSTP staff and partners.</p> <p>V. Enhance partnerships from both traditional and non-traditional sources to strengthen the social determinants of health effort.</p>

6.3 Global Health Protection and Systems Strengthening

GOAL 3: Optimize global collaborations and interactions to enhance the overall effectiveness of the NCHHSTP international program development and public health research.

RATIONALE: NCHHSTP's global health work is being undertaken in an environment of increasingly integrated global economies and interdependence characterized by the freer movement of people, goods, information, labor and trade. NCHHSTP has identified global health protection and health systems strengthening as a key goal in order to promote interdependent programmatic relationships between our divisions that are global in nature. The goal is to ensure active collaboration between NCHHSTP divisions to take full advantage of opportunities for leveraging NCHHSTP and CDC resources and to maximize health impact. With this goal, NCHHSTP will seek input about international program development and public health research, foster robust internal and external partnerships, and commit to novel and participatory approaches for implementation and dissemination.

The Hyde Lantos Amendment of 2008 reauthorized the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which is the most costly and largest engagement in international health in which CDC has ever participated. This reauthorization greatly expanded the goals of the program over the initial five-year targets set in 2003, from "2-7-10" to "3-12-12", i.e., objectives to be achieved by 2013 include treating at least 3 million people, preventing 12 million new HIV infections worldwide, providing care for 12 million people living with or affected by HIV/AIDS, including 5 million orphans, and training at least 140,000 new health care workers.

Because the Global AIDS Program activities under PEPFAR are and will be over the next 5 years such a dominant element, it is appropriate that the goals, objectives and indicators associated with this element be given priority placement in the global health component of the NCHHSTP strategic plan. This NCHHSTP priority remains resolute regardless of where the Global AIDS Program administratively resides within the agency. At the same time, all divisions within NCHHSTP have significant engagements in global health activities, some of them in concert with Global AIDS Program, and it is important that these endeavors also be represented. In both cases, quantitative indicators of progress towards goals and objectives should be clearly enunciated.

ALIGNMENT: As an agency, CDC has a strong commitment to improving public health impact globally, especially as new health and safety challenges emerge. Several key agency objectives are relevant to NCHHSTP's global health goals. These include: preventing and controlling infectious diseases and their consequences globally; reducing maternal, infant, and child morbidity and mortality globally; preparing for, preventing, detecting, responding to, and containing health threats globally, including natural and manmade disasters and complex humanitarian emergencies; supporting achievement of international and national goals for disease eradication and elimination and accelerated control of diseases globally; and developing sustainable public health capacity among partner organizations and governments globally.

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GOAL 3: Objectives	Strategies
<p>Objective 3A.</p> <p>Maximize NCHHSTP contributions to PEPFAR II reauthorization 3-12-12 goals for HIV.</p> <p><i>Indicator: quantify CDC's contribution to 3-12-12 USG PEPFAR targets.</i></p>	<p>I. Provide technical leadership, direct assistance and funding to Ministries of Health and other PEPFAR partners to expand quality HIV/AIDS care and treatment services and implement effective HIV prevention programs, in order to:</p> <ul style="list-style-type: none"> a. Provide treatment for 3 million b. Provide care for 12 million c. Prevent 12 million new infections
<p>Objective 3B.</p> <p>Optimize NCHHSTP efforts to reduce impact hepatitis, STD, TB.</p> <p><i>Indicator: quantify CDC contribution to control of relevant HIV-related co-morbidities under PEPFAR.</i></p>	<p>I. Integrate PEPFAR programming to other disease areas, as exemplified by:</p> <ul style="list-style-type: none"> a. treating chronic hepatitis B infection; b. improving screening for TB and implementation of isoniazid prophylactic therapy c. enhancing screening for cervical cancer; d. expanding screening and treatment for genital ulcer disease; e. increasing prevention of mother-to-child transmission coverage and integration with mother and child health programs; f. implementing promising biomedical interventions if proven efficacious. <p>II. Develop independent collaborations aimed at supporting development of or strengthening data-based disease control programs</p>
<p>Objective 3C.</p> <p>Apply CDC strengths to Health Systems Strengthening efforts.</p> <p><i>Indicator: enumerate the number of laboratories obtaining CDC/WHO accreditation under PEPFAR..</i></p>	<p>I. Expand global surveillance, monitoring and evaluation, information systems and epidemiologic science to monitor trends and inform policy.</p> <p>II. Promote a CDC/WHO tiered laboratory accreditation scheme for reference and peripheral laboratories to enhance global competence in laboratory science.</p> <p>III. Promote transfer of management and service delivery of PEPFAR programs and other NCHHSTP activities to host governments and local indigenous implementing partners; maintain strong ties to foster leadership and governance for health based on the best available science.</p>

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GOAL 3: Objectives	Strategies
<p>Objective 3D.</p> <p>Apply CDC strengths to train health professionals with expertise in epidemiology, laboratory science and public health administration.</p> <p><i>Indicator: quantify CDC's contribution to the USG PEPFAR target in human resource development of adding 140,000 new health professionals to the global work force.</i></p>	<ul style="list-style-type: none"> I. Expand global surveillance and public health capacity in epidemiology, laboratory science and public health administration (e.g., field epidemiology and laboratory training program (FELTP) and Sustainable Management and Development Program (SMDP) training programs). II. Foster training and provide leadership opportunities for CDC's in-country locally employed staff. III. Continue to promote opportunities for NCHHSTP staff to gain global experience through the IETA program.
<p>Objective 3E.</p> <p>Conduct operational research and program evaluation to improve diagnosis, treatment and prevention efforts at home and abroad</p> <p><i>Indicator: enumerate active and completed international CDC IRB-approved research and evaluation protocols</i></p>	<ul style="list-style-type: none"> I. Foster innovative, locally relevant research and program evaluation to strengthen program implementation and inform policy. II. Identify effective intervention and prevention programs in global efforts with relevance to improving domestic programs.

6.4 Partnerships

GOAL 4: Create and strengthen mutually beneficial strategic relationships with other individuals, organizations, and networks that strengthen HIV/AIDS, Viral Hepatitis, STD, and TB prevention and control by producing solutions that no individual entity working independently can accomplish.

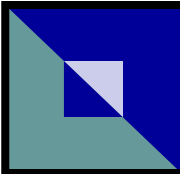
RATIONALE: NCHHSTP is currently involved in a range of partnerships, both network and collaborative partnerships. NCHHSTP defines network partnerships as individuals, groups, and organizations that routinely exchange ideas and information for mutual benefit. NCHHSTP defines collaborative partnerships as mutually beneficial collaborations that are generally characterized by goal sharing, explicit commitments, and ongoing, interactive and often horizontal communication. These partnerships apply to policy, media communication, program and science.

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ALIGNMENT: NCHHSTP Goal 4 supports CDC’s organizational excellence assessment by focusing on strengthening intra-agency and cross-federal agency partnership and communication opportunities through promoting (1) Excellence in Service; (2) Excellence; in Science; (3) Excellence in Strategy and Workforce; (4) Excellence in Systems; and (5) Excellence in Policy.

Goal 4: Objectives	Strategies
<p>Objective 4A.</p> <p>Increase the partnership capacity of NCHHSTP by supporting and facilitating partnership outreach and communication to existing and new partners.</p>	<ul style="list-style-type: none"> I. Identify opportunities for coordinating partnership plans and strategies across Divisions to enhance relationships with existing and long-term partners, to cultivate new partners, and to increase engagement of new or non-traditional partners in NCHHSTP programs and activities. II. Work with the CDC Foundation and others to systematically identify opportunities for partners, whose goals align with specific objectives and strategies of NCHHSTP’s strategic plan, to participate in shaping plans and achieving results for both NCHHSTP and their organizations. III. Manage infrastructure for partner communications that includes mechanisms for periodic collection and reporting of partner perspectives on NCHHSTP program directions.
<p>Objective 4B.</p> <p>Increase understanding of and support for NCHHSTP’s mission, research, programs, and policies among network partners.</p>	<ul style="list-style-type: none"> I. Develop annual communication plans for routine and ad hoc organizational communication from NCHHSTP to its partners, including regular communication from the NCHHSTP director and management in key areas. II. Use appropriate channels for dissemination based on partner needs and regularly evaluate effectiveness in communication products using these channels. III. Develop and maintain effective partnerships with media, opinion leaders, and key stakeholders (1) to increase awareness, understanding, and support for HIV, viral hepatitis, STDs, and TB prevention programs and policies; and (2) raise awareness and enthusiasm about the role and importance of prevention and health protection related to these diseases.
<p>Objective 4C.</p> <p>Increase the collaborative partnership capacity of NCHHSTP by using multi-level real-time communication technologies, and other mechanisms to meet the increased communication</p>	<ul style="list-style-type: none"> I. Use shared and emerging communication platforms and channels, such as collaboration technologies and social media to strengthen partner communication capacity. II. Train and provide technical assistance to NCHHSTP staff on the use of collaboration technologies and emerging media for partner outreach and communication



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needs of collaborative partners.	<p>III. Proactively promote translation of knowledge from the field and to the field in key program areas and cross-program knowledge sharing and management through highly visible projects and program, such as PCSI.</p>
<p>Objective 4D.</p> <p>Coordinate NCHHSTP partnership and program activities with and among CDC Centers and offices, federal agencies, non-profit, and private sector entities to increase collaborative efforts, and to enhance the efficiency, implementation and dissemination of programs and information.</p>	<p>I. Work with and participate in the CDC Excellence in Partnerships Committee to increase internal knowledge of NCHHSTP partner activities, and to identify opportunities for increasing internal support for NCHHSTP disease prevention priorities and programs.</p> <p>II. Provide oversight and consultation on partnership development and partner/stakeholder communication of activities related to the Center’s disease foci.</p> <p>III. Establish indicators for evaluating the progress and utility of NCHHSTP’s partnership activities.</p>

6.5 Workforce Development and Capacity Building

Goal 5: Attract, maintain, develop, and utilize NCHHSTP’s professional workforce to effectively promote health and prevention activities.

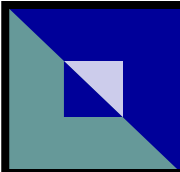
RATIONALE: NCHHSTP is committed to developing and supporting highly trained public health staff who are appropriately deployed, managed and motivated to assist domestic and global partners in building public health capacity and accelerating health impact. A focus on workforce development and capacity building is especially important given NCHHSTP’s commitment to Global Health Protection and Health System Strengthening and a considerable global public health agenda. Many CDC programs are gearing up to meet increasing demands for global health expertise and to provide technical assistance to other countries in addressing their public health needs. NCHHSTP workforce priorities involve recruiting and retaining highly qualified staff, providing a program of ongoing training and development; staff deployment overseas; and ensuring appropriate support for returning overseas staff.

ALIGNMENT: NCHHSTP’s Workforce development and capacity building goal supports CDC’s Organizational Excellence Assessment by focusing on strengthening intra-agency and cross-federal agency collaboration and integration opportunities through promoting Excellence in Strategy and Workforce; and Excellence in Systems.

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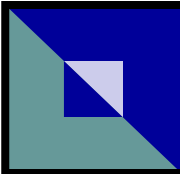
GOAL 5: Objectives	Strategies
<p>Objective 5A. Attract, recruit, and retain a prepared, diverse, and sustainable workforce to address all NCHHSTP diseases and conditions</p> <p>Indicators:</p> <ul style="list-style-type: none"> ▪ <u>Success in recruitment:</u> X percent of all professional certificates results in a selection. X percent of selections result in candidate acceptance of the position. ▪ <u>Success in Diversity:</u> Annual increases in the percentage of staff responding affirmatively to diversity-related questions on the Federal Human Capital Survey (Questions X to X) 	<ol style="list-style-type: none"> I. Expand the Center’s use of recruiting tools and, as appropriate, flexible hiring authorities (e.g., open continuous announcements) to facilitate the recruitment and hiring process. II. Develop a recruiting approach that ensures personnel have competencies, including cultural sensitivity that enable them to best serve the diverse populations most affected by HIV, viral hepatitis, STDs and TB. III. Recruit more entry level staff to train for senior staff/scientist positions through expanded use of the Federal Career Internship Program and other student employment programs. IV. Expand use of existing fellowship programs such as the Public Health Apprentice Program, Public Health Prevention Service, Presidential Management Fellows, etc., to recruit program and management staff. V. Increase support for and collaboration with institutions serving racial and ethnic minority undergraduate, graduate, and professional students. VI. Develop and implement a structured training and mentoring program for summer fellows and interns assigned to NCHHSTP. VII. Collaborate with external parties to better assess and meet state and local workforce needs.
<p>Objective 5B. Continuously develop staff to ensure the effective and innovative delivery of NCHHSTP programs</p> <p>Indicators:</p> <ul style="list-style-type: none"> ▪ <u>Success of staff development:</u> X percent of NCHHSTP staff receive appropriate training specific to career growth. X percent of NCHHSTP staff participate in cross-divisional opportunities to collectively achieve goals. X percent of NCHHSTP 	<ol style="list-style-type: none"> I. Create a formal mentoring program including, as appropriate, mentorship opportunities for domestic and international colleagues. II. Provide training for all levels of personnel to ensure development of effective leadership, management, supervision, and administration skills as appropriate to individuals’ roles and for their career development. III. Promote and facilitate NCHHSTP staff working together across Divisions to maximize opportunities to learn from each other. IV. Provide opportunities for division staff to gain valuable experiences working in organizational units beyond their existing locations. (This would include details to other Divisions, to NCHHSTP, CDC, and HHS; as well as secondments to partner organizations, etc.)



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GOAL 5: Objectives	Strategies
<p>employees have participated in experiential opportunities outside their permanent organizational units.</p>	<p>V. Develop a systematic approach to building and maintaining a diverse NCHHSTP leadership pipeline through leadership training and career development of NCHHSTP staff.</p> <p>VI. Develop and implement training programs for NCHHSTP staff in resource-constrained countries.</p> <p>VII. Increase number of NCHHSTP staff serving as mentors for racial and ethnic summer fellows and training programs.</p> <p>VIII. Develop and implement social determinants of health and health equity training for NCHHSTP staff.</p>
<p>Objective 5C. Continuously recognize performance, contributions, and achievements of employees and create an atmosphere that promotes a healthy work-life balance.</p> <p>Indicator:</p> <ul style="list-style-type: none"> ▪ <u>Success of Recognition:</u> X percent of NCHHSTP employees are recognized through formal awards outside NCHHSTP. X percent of NCHHSTP employees are nominated for formal recognition at least X times each year. 	<p>I. Create a professional environment that encourages and rewards the open exchange of ideas, innovation, critical thinking, and individual and collective achievements and contributions</p> <p>II. Increase opportunities for staff recognition at multiple levels across CDC, HHS, and Government-wide</p> <p>III. Develop a plan to identify, promote and monitor work-life programs and benefits to enhance quality of work-life for NCHHSTP employees</p>



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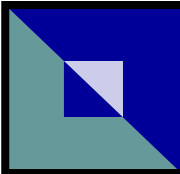
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7 IMPLEMENTATION, MONITORING, AND EVALUATION

Successful implementation of this strategic plan will require activities geared towards promoting the systematic uptake of the goals, objectives and strategies into routine practice. NCHHSTP will take the following steps to implement, monitor, and evaluate the success of its strategic plan.

- Provide an electronic copy of the Strategic Plan to all staff and other key stakeholders, inviting them to provide feedback throughout the year.
- Discuss accomplishments related to the Strategic Plan annually at an All Hands Meeting. The meeting will serve to remind staff of their value as contributors to accomplishing the important goals and objectives.
- Present the plan to different levels of CDC leadership at appropriate forums.
- Highlight the Plan as appropriate on both the NCHHSTP internet and intranet sites.
- Implement brief quarterly “temperature taking” discussions between NCHHSTP Director and Champions to check on progress, resource needs, and collaboration with other staff.
- Implement bi-annual progress reports from each Champion (See Attachment C: Tracking Template).
- Report on the strategic plan and key indicators included in the plan in the NCHHSTP Annual Report and on the Center’s website.
- Twice annually engage NCHHSTP leadership to answer broad questions:
 - Are we on track toward accomplishing the Goals? Are timelines in place? Do they need adjusting?
 - Are we focused on our priorities/Goals/Objectives? If not, why not? What do we need to do to refocus on them?
 - What challenges or opportunities have we encountered? Should these be formulated as additional strategies? Do any Strategies need elimination? Are any Strategies completed?
 - Is there any way we can help each other?

At major CDC conferences, obtain input from partners on their progress and challenges in achieving goals.



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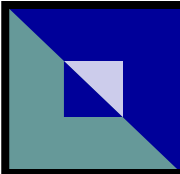
8 NEXT STEPS

NCHHSTP is committed to broad engagement with staff and stakeholders in its strategic thinking and planning. As planning, implementation, monitoring, and evaluation processes become standard in the Center's operations, leaders will incorporate ways to seek new ideas and obtain feedback on its current thinking. The Center will rely on staff and internal and external partners to work together to achieve its vision, "*A World Free of HIV, Viral Hepatitis, STDs, and TB.*"

Strategic plans are not meant to be static documents, but should provide an overarching framework that allows for greater responsiveness to ever-changing internal and external environments. Our strategic plan provides a more structured way for our Center, and our partners, to think critically and comprehensively about our operations and impacts as a cluster of prevention programs within the larger context of CDC and HHS prevention and health protection activities.

As we keep our eye on our ideal vision, our leaders will be focused on accomplishing our own strategic goals in support of the agency's broader goals and imperatives. NCHHSTP staff are committed to serving communities around the world to improve the health of all people, and we will use our strategic road-map to guide us in that effort.

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9 APPENDIX

APPENDIX A: Division Goals and Priorities

I. Division of HIV Prevention

- Reduce the number of new HIV infections in the United States by 5% per year, or at least by 10% through 2010, focusing particularly on eliminating racial and ethnic disparities in new HIV infections.

II. Division of Viral Hepatitis

- Protect vulnerable populations from viral hepatitis infections
- Protect the health of persons living with chronic viral hepatitis
- Disseminate strategic data to guide disease control and elimination
- Act globally to disseminate effective interventions and detect emerging threats

III. Division of STD Prevention

- Prevent STI-related infertility
- Prevent adverse outcomes of pregnancy
- Prevent STI-related cancer
- Prevent STI-related HIV
- Strengthen STD prevention capacity and infrastructure
- Reduce STD health disparities
- Address effects of social and economic determinants and costs of STDs

IV. Division of TB Elimination

- Reduce the incidence of TB in the United States (to fewer than or equal to 1 case/million)
- Contribute to reductions (by 50%) in global incidence and in mortality