



NCHHSTP

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD, AND TB PREVENTION

STRATEGIC PLAN

2022–2026



Centers for Disease Control and Prevention
National Center for HIV, Viral Hepatitis, STD, and TB Prevention



VISION

A future free of HIV, viral hepatitis, STIs, and tuberculosis



MISSION

Prevent infections, morbidity, mortality, health inequities, and stigma associated with HIV, viral hepatitis, STIs, and tuberculosis in the United States



CORE VALUES

1. **Excellence:** Achieve the highest standard of performance in public health science, program, communications, and policy. Value the scientific method, seek truth, and use evidence to guide decision-making. Devote time and resources to recruit, train, and support employees to perform at the highest levels. Encourage and facilitate knowledge-sharing to build expertise and better serve the nation. Foster an environment that encourages innovation and values new ideas.
2. **Equity:** Enhance research, policy, and program efforts to advance health equity and address disparities in the diseases and infections addressed by the Center.
3. **Diversity, Inclusion, Accessibility, and Belonging:** Recruit and maintain a highly trained, diverse, and professional workforce that reflects the communities we serve. Ensure equal opportunity to be engaged in workforce experiences and to contribute to achieving NCHHSTP's mission. Value diversity in race, ethnicity, sex, gender identity and expression, sexual orientation, ability, and other demographic characteristics; culture, differences of opinion, and lived experience.
4. **Integrity:** Be honest, accurate, and consistent in sharing information and communicating with colleagues, the public, and elected officials. Adhere to the highest standards of conduct and be courageous in correcting errors. Promote the highest standards of ethics in all Center activities. Be a diligent and accountable steward of public resources in achieving NCHHSTP's public health mission.
5. **Transparency:** Ensure staff, partners, and the public have timely access to accurate and complete information.





GUIDING PRINCIPLES

1. **High Impact Prevention:** Maximize impact through research and implementation of cost-effective, scalable, and feasible evidence-based interventions, programs, and policies.
 2. **Cross-Sector Collaboration:** Enhance partnerships, coordination, and community engagement to amplify reach, develop and implement effective policies, and address the social determinants of health. Acknowledge that overlapping populations are affected by HIV, STIs, viral hepatitis, and TB, and recognize the value of syndemic approaches to serving them.
 3. **Equity:** Embed equity principles in the design, implementation, and evaluation of research, surveillance, data analysis, and programmatic and policy strategies.
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STRATEGIES

1. **Maximize the Use of Surveillance and Other Data to Drive Program Improvement:** Increase efficiency in analysis and interpretation of surveillance, program, and other data. Regularly assess, and revise as needed, current surveillance elements. Refine governance, management, and protection of data. Disseminate and use data to inform program delivery and improvement.
2. **Support Scientific Discovery, Implementation Research, and Evaluation of Interventions:** Promote implementation and evaluation science, as well as applied research, to identify opportunities for innovation and to disseminate scientifically grounded guidance to the public health and healthcare communities.
3. **Increase Collaboration and Service Integration:** Enhance engagement, knowledge sharing, and transparency across internal and external disease programs and partners to maximize the reach and effectiveness of programs and services.
4. **Promote Prevention, Detection, and Treatment through Healthcare Delivery Systems:** Collaborate with domestic health care delivery programs and systems and train providers in effort to increase testing, treatment, and prevention of HIV, STIs, viral hepatitis, and TB infections.
5. **Promote Protective Systems and Policies and Increase Knowledge and Adoption of Healthy Behaviors:** Support positive behavior change, risk reduction, and protective factors by implementing strategies at the population, community, school, and individual levels.
6. **Use Guidelines and Policy to Improve Public Health:** Publish guidelines, recommendations, and best practices to improve the delivery and effectiveness of healthcare and to prevent disease. Develop and disseminate tools, trainings, and resources that support science-based policy and decision-making.



GOALS AND INDICATORS

Goal 1: Reduce Incidence of HIV, Viral Hepatitis, STIs, and TB

Indicator	Baseline	Target	Source
1A: Reduce the annual number of new HIV infections	34,800 persons (2019)	9,250 persons (2025)	National HIV Surveillance System (NHSS)
1B: Increase PrEP coverage	23% of people estimated to have PrEP indications are prescribed PrEP (2020)	50% of people estimated to have PrEP indications are prescribed PrEP (2025)	Prevention Research Team, HIV Research Branch, Division of HIV Prevention
1C: Reduce the annual estimated number of acute hepatitis B infections	20,700 persons (2019)	14,840 persons (2026)	National Notifiable Diseases Surveillance System (NNDSS)
1D: Reduce the annual estimated number of acute hepatitis C infections	57,500 persons (2019)	28,880 persons (2026)	National Notifiable Diseases Surveillance System (NNDSS)
1E: Reduce the annual rate of reported primary and secondary syphilis infections	13 per 100,000 population (2020)	12.7 per 100,000 population (2026)	National Notifiable Diseases Surveillance System (NNDSS)
1F: Reduce the annual rate of reported TB disease	2.2 per 100,000 population (2020)	1.3 per 100,000 population (2026)	National Tuberculosis Surveillance System (NTSS)

Goal 2: Reduce Morbidity and Mortality of HIV, Viral Hepatitis, STD, and TB Infections

Indicator	Baseline	Target	Source
2A: Increase knowledge of HIV status	87% of people estimated to be living with HIV have received a diagnosis (2019)	95% of people estimated to be living with HIV have received a diagnosis (2026)	National HIV Surveillance System (NHSS)
2B: Increase viral suppression among persons living with diagnosed HIV	66% of people living with diagnosed HIV have low viral load (<200 copies/mL) (2019)	95% of people living with diagnosed HIV have low viral load (<200 copies/mL) (2026)	Medical Monitoring Project (MMP)
2C: Reduce the annual rate of hepatitis B-related deaths	0.42 per 100,000 population (2019)	0.33 per 100,000 population (2026)	National Vital Statistics System (NVSS)
2D: Increase the proportion of people who have ever had hepatitis C who cleared the infection	43% of people with hepatitis C were cleared of the infection (2017)	58% of people with hepatitis C were cleared of the infection (2025)	National Vital Statistics System (NVSS)
2E: Increase annual chlamydia screening in sexually active females aged 16-24 years	59% of sexually active females aged 16-24 years (2020)	66% of sexually active females aged 16-24 years (2026)	Healthcare Effectiveness Data and Information Set (HEDIS)
2F: Increase the percentage of cases of gonorrhea treated with a CDC-recommended antibiotic regimen	86% of cases treated with a CDC-recommended antibiotic regimen (2016)	95% of cases treated with a CDC-recommended antibiotic regimen (2026)	STD Surveillance Network (SSuN)

Goal 2: Reduce Morbidity and Mortality of HIV, Viral Hepatitis, STD, and TB Infections

Indicator	Baseline	Target	Source
2G: Following CDC HIV testing recommendations, increase the percentage of STD clinic visits in which patients who are diagnosed with an acute STD and are not known to have HIV infection are tested for HIV	74% of visits (2016)	81% of visits (2026)	STD Surveillance Network (SSuN)
2H: Increase LTBI treatment initiation for LTBI-diagnosed close contacts to sputum AFB smear-positive TB cases	77% of cases (2018)	94% of cases (2026)	National TB Indicators Project (NTIP)
2I: Increase LTBI treatment completion for LTBI-diagnosed close contacts to sputum AFB smear-positive TB	78% of cases (2018)	95% of cases (2026)	National TB Indicators Project (NTIP)
2J: Increase the percentage of sexually experienced high school students ever tested for HIV	16.8% of sexually experienced high school students (2019)	17.6% of sexually experienced high school students (2026)	Youth Risk Behavior Surveillance System (YRBSS)
2K: Increase the percentage of priority ¹ schools that provide referrals for one or more sexual health services to students	42% of schools (August 2021 through January 2022)	46% of schools (August 2025 through January 2026)	Program Evaluation Reports (PERs)

¹ Funded districts “must select at least 10 priority schools, reaching a minimum of 10,000 secondary school students, in which to implement required program activities before diffusing those activities to as many middle and high schools in the district as possible.”

Goal 3: Reduce Disparities and Promote Health Equity

Indicator	Baseline	Target	Source
3A: Reduce racial/ethnic disparities in viral suppression among persons with diagnosed HIV	Relative index of disparity of 5.9 (2019)	Relative index of disparity of 5.1 (2025)	NCHHSTP Equity Dashboard
	Absolute index of disparity of 386 (2019)	Absolute index of disparity of 359 (2025)	
3B: Reduce racial/ethnic disparities in incidence per 100,000 population for HIV	Relative index of disparity of 71 (2019)	Relative index of disparity of 64 (2025)	NCHHSTP Equity Dashboard
	Absolute index of disparity of 1040 (2019)	Absolute index of disparity of 936 (2019)	
3C: Reduce racial/ethnic disparities in incidence per 100,000 population for congenital syphilis	Relative index of disparity of 100 (2019)	Relative index of disparity of 95 (2025)	NCHHSTP Equity Dashboard
	Absolute index of disparity of 4,866 (2019)	Absolute index of disparity of 4,623 (2025)	
3D: Reduce racial/ethnic disparities in incidence per 100,000 population for TB disease	Relative index of disparity of 196 (2019)	Relative index of disparity of 168 (2025)	NCHHSTP Equity Dashboard
	Absolute index of disparity of 529 (2019)	Absolute index of disparity of 455 (2025)	
3E: Reduce the percentage of new TB cases among US-born persons that occur among persons who experience homelessness	12.3% of new TB cases (2015)	10.5% of new TB cases (2025)	NCHHSTP Equity Dashboard

Goal 3: Reduce Disparities and Promote Health Equity

Indicator	Baseline	Target	Source
3F: Reduce the number of new HIV infections among men with infection attributed to male-to-male sexual contact	25,500 new HIV infections (2015)	23,100 new HIV infections (2025)	NCHHSTP Equity Dashboard
3G: Reduce the rate of hepatitis C-associated deaths among American Indian and Alaska Native persons	11.5 per 100,000 population (2015)	6.45 per 100,000 population (2026)	NCHHSTP Equity Dashboard
3H: Reduce rate of hepatitis C-associated deaths among non-Hispanic Black persons	8.1 per 100,000 population (2015)	4.43 per 100,000 population (2026)	NCHHSTP Equity Dashboard
3I: Reduce disparities in condom use during last sexual intercourse between sexual minority male and non-sexual minority male youth	Rate ratio of 11 (2015); Rate difference of 1.28 (2015)	Rate ratio of 8 (2025); Rate difference of 1.19 (2025)	NCHHSTP Equity Dashboard

Goal 4: Achieve Organizational Excellence

Indicator	Baseline	Target	Source
4A: Decrease the vacancy rate in NCHHSTP	19% vacancy (June 2021)	15% vacancy (June 2026)	PBMS position report
4B: Increase overall employee engagement index score in NCHHSTP	70% positive response to questions about the conditions for employee engagement (2019)	>75% ² positive response to questions about the conditions for employee engagement (2026)	Federal Employee Viewpoint Survey
4C: Increase the encumbrance rate for annual funds reported at the end of the third quarter in NCHHSTP	104% (June 2021)	99% (June 2026)	Integrated Resources Information System Budget and Performance Integration (IRIS B&PI)
4D: Implement International Organization for Standardization (ISO) Quality Standards in all NCHHSTP Laboratories	25% (June 2021)	100% (October 2024)	CDC Quality Management Implementation Team

² In some years, the targeted overall engagement index score may be higher, based on OPM and HHS/CDC direction.

Goal 4: Achieve Organizational Excellence

Indicator	Baseline	Target	Source
4E: Increase the average Enterprise Performance Life Cycle (EPLC) compliance among the four most costly NCHHSTP information technology investments that have a development modernization and enhancement component	40% compliance (first 3 quarters of FY21)	80% compliance (FY 2025)	CDC OCIO Enterprise Performance Life Cycle (EPLC) Reports
4F: As part of the HHS Enterprise Performance Life Cycle (EPLC) framework, decrease the number of missed Initiation (A) stage gate reviews during the fiscal year	4 missed reviews (first 3 quarters of FY21)	≤1 missed reviews (first 3 quarters of FY2025)	CDC OCIO Enterprise Performance Life Cycle (EPLC) Reports