


Strategic Priorities for HIV, Hepatitis, STD and TB Prevention



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- ➋ Program Collaboration and Service Integration (PCSI): An update
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NCHHSTP Update



Our mission is to **maximize public health and safety** nationally and internationally through the elimination, prevention, and control of disease, disability, and death.

Key areas of focus:

- ① HIV/AIDS and Non-HIV Retroviruses
- ② Viral Hepatitis
- ③ Other Sexually Transmitted Diseases
- ④ Tuberculosis and Non-Tuberculosis Mycobacteria

NCHHSTP Imperatives*

- ➊ Reducing Health Disparities
- ➋ Program Collaboration and Service integration (PCSI)
- ➌ Maximizing Global Synergies

*Cross-cutting priorities for NCHHSTP.

Program Collaboration and Service Integration



PCSI describes 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 between programs.

What is the goal?

- ① Provide prevention services that are **holistic, science-based, comprehensive, and high quality** to appropriate populations at every interaction with the health care system.
- ② Remove **barriers** to and facilitate **adoption** of service delivery integration at the client level by aligning NCHHSTP activities, systems, and policies.

Why Now?

- ① Syndemics (overlapping epidemics)
 - **Multiple epidemics** in same populations
 - Multiple diagnoses in the **same patient**
 - **Interactions** between diseases and epidemics
- ② Missed opportunities for intervention
 - **Gaps** at individual and population levels
 - **Inefficiencies** as systems and infrastructures are duplicated

Why Now?

③ Maximize health impact

- Accelerates **coverage and scale-up** with marginal cost increase
- Increase access to **target populations**
- May increase **efficiency and cost-effectiveness** of service delivery

④ Stakeholder demand

- Already being done in the field, but **inconsistent**
- Need for **guidance, support and funding**

Barriers to PCSI

- ❶ Lack of **national guidelines** on where and when best used
- ❷ Administrative requirements
- ❸ **Data collection** systems
- ❹ Science and program **integration**
- ❺ Training, evaluation and dissemination of **best practices**

PCSI Opportunities: HIV/AIDS

- ⇒ Integrated **partner services**
- ⇒ STD, TB and Hepatitis C **screening**
- ⇒ Hepatitis B **vaccination**
- ⇒ **Contraceptive** services
- ⇒ **Substance abuse** treatment or referral
- ⇒ Integrated **health communication**
- ⇒ Integrated **surveillance** activities

Key principles for PCSI

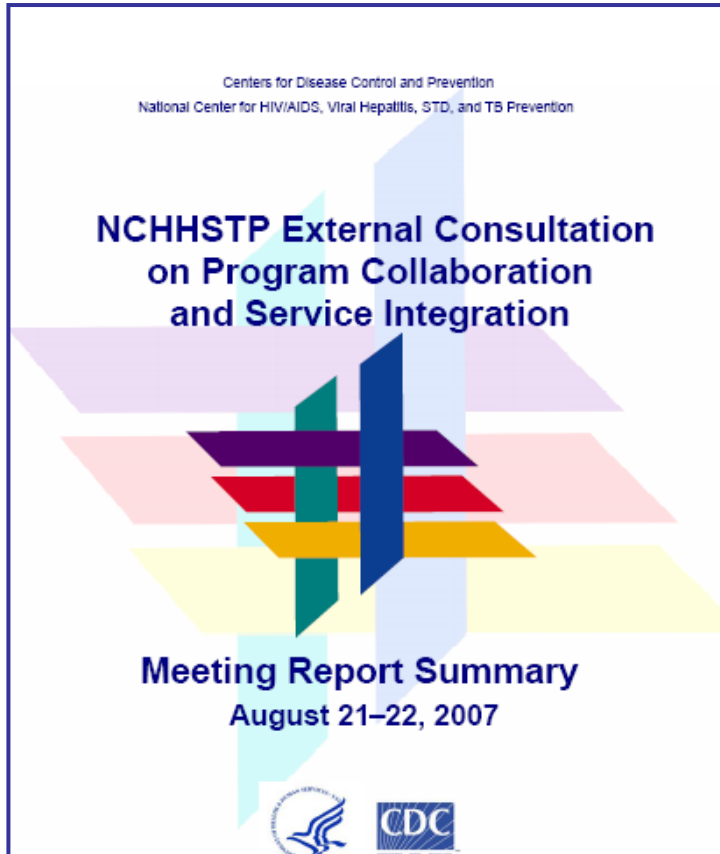
- ⇒ Know **local epidemics** and drivers
- ⇒ Understand your **settings**
- ⇒ Develop locally relevant **strategies**
- ⇒ Implement, **evaluate** and review
- ⇒ Ensure **acceptability** and **sustainability**

PCSI: Towards Implementation

Consultation on PCSI

- ➔ Held **August 21-22, 2007** in Atlanta
- ➔ Attended by more than 70 partners and 50 NCHHSTP staff members
- ➔ Purpose: to advise NCHHSTP on the development PCSI activities over the next 5 years
- ➔ <http://www.cdc.gov/nchhstp/programintegration/Default.htm>

PCSI Priority Activities



- ➊ Integrated surveillance and data efforts
- ➋ Integrated training efforts
- ➌ Integrated funding

1. Integrated Surveillance

- ➔ Achieve **leadership consensus** for surveillance integration
- ➔ Develop **common definitions** of surveillance, harmonize data elements, variables, and formats
- ➔ Develop **common security and confidentiality standards** for surveillance and data sharing
- ➔ Build epidemiologic and surveillance **capacity** at the state and local level

2. Integrated Training

- ➔ Increase **workforce development** and cross-training on NCHHSTP disease areas and prevention techniques for public health staff
- ➔ Increase opportunities for **shared training and education programs** within NCHHSTP disease areas
- ➔ Develop **PCSI training and education** to promote shared understanding and vision.

3. Integrated Funding

- ➔ Develop and promote **integrated** NCHHSTP program announcements (PA)
- ➔ **Promote and reward collaboration** on PAs and post award management
- ➔ Identify **mechanisms and incentives** for PCSI funding support
- ➔ Allow **flexibility of funds** to accomplish state and local objectives
- ➔ Support **operational research** and evaluation on PCSI for NCHHSTP programs

Next Steps...

- ⇒ Publication of **FY08 PCSI Action Plan**
- ⇒ NCHHSTP **PCSI White Paper**
- ⇒ **Baseline assessment** of PCSI
- ⇒ Continued **partner engagement**
- ⇒ Promote PCSI at all NCHHSTP sponsored **prevention conferences**
- ⇒ Review and align all new NCHHSTP **program announcements**

HIV Strategic Plan 2007-2010

CDC HIV Prevention Strategic Plan – Extended Through 2010

⇒ Guiding Policy

⇒ Goals modified with baselines and targets

- 42 objectives (cf 27 in 2001)
- 25 performance indicators.
 - 17 are new indicators, six are modified, and two were unchanged.
- More explicit focus on African American and MSM communities

CDC HIV Prevention Strategic Plan –New Objectives

➔ New objectives added that

- Address advances in understanding about importance of **acute HIV infection**, the role of **incarceration** in the HIV epidemic, and technical advances in **HIV rapid testing**.
- Underscore the priority to **increase HIV screening** in medical settings.
- Reflect recent data about **disparities** in knowledge of one's HIV infection, especially among MSM.

Short-Term Goal:

“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.”

CDC HIV Prevention Strategic Plan –Milestones

➔ Short-Term Milestone 1:

- By 2010, **decrease by at least 10%** the number of persons in the United States at high risk for acquiring or transmitting HIV infection by delivering targeted, sustained and evidence-based HIV prevention interventions.

➔ Short-Term Milestone 2:

- By 2010, through voluntary testing, increase from the current estimated **75% to 80%** the proportion of HIV-infected people in the United States who know they are infected.

CDC HIV Prevention Strategic Plan – Milestones (continued)

⇒ Short-Term Milestone 3:

- By 2010, **increase from 50% to 65%** the proportion of newly diagnosed HIV-infected people in the United States, who are linked to appropriate prevention, care and treatment services.

⇒ Short-Term Milestone 4:

- By 2010, **strengthen the capacity nationwide** to monitor the epidemic, develop and implement effective HIV prevention interventions and evaluate prevention programs.

Summary

- ➔ Strategic priorities and planning are important components of **effective prevention programming**.
- ➔ NCHHSTP has three Center-wide **strategic imperatives**
 - Reducing health disparities
 - Program collaboration and service integration
 - Maximizing global synergies
- ➔ During FY2008 NCHHSTP will undertake a **strategic planning process** to identify key priorities, objectives and tasks for implementation.

Summary

- ➔ CDC remains committed to achieving **major reductions** in HIV infection.
- ➔ CDC will therefore work with a range of partners to update the 2001 Plan to guide the nation **through 2020**.
- ➔ In the interim, CDC has developed the HIV Prevention Strategic Plan: Extended Through 2010 will define **realistic, short-term** goals for the next 3 years.



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www.cdc.gov/nchstp



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