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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

November 16, 1994

Dear Prevention Collaborative Partner:

Following is news of special interest to you. It concerns the reorganization of HIV/AIDS programs at CDC. Attached is an overview.

CDC's various HIV/AIDS programs are merging into one unit. The goal of the merger is, in Dr. Satcher's words, "to significantly enhance our ability to prevent and control the spread of HIV/AIDS among individuals and groups in this country and to contribute to the prevention and control of HIV/AIDS throughout the world."

As more information is available, I will send it along in my regular letters. In the meantime, if you have any questions, concerns, or comments, please give me a call at 404/639-0956 during the workday. Or you can leave a message toll-free, 24 hours a day on my voicemail by phoning 800/447-4784, then dialing 329-1659 to reach my mailbox.

Be on the lookout for a letter in the next few days with information about characteristics of successful prevention programs.

Lydia

Lydia

CDC

Reauth

OVERVIEW OF THE HIV/AIDS REORGANIZATION

1. Why is the CDC Division reorganizing the HIV/AIDS programs?

- The reorganization provides the opportunity to bring together 80% of CDC staff and funds to address HIV/AIDS issues.

- The reorganization is designed to improve accountability and visibility of HIV/AIDS programs.

- The reorganization allows better coordination, integration and effectiveness of CDC's HIV/AIDS prevention programs and many communicable disease control programs that share elements (ie HIV, STD, TB)

2. Why merge Division of HIV/AIDS programs with Center for Prevention Service?

- In Feb. 1993, HIV/AIDS leadership called for an external review of how the programs could better meet the changing needs of the AIDS epidemic effectively and efficiently. The option to reorganize brings the science base and surveillance together with HIV/AIDS programs.

3. How will the integration take place?

A work group has been appointed to oversee:
- Transfer Division of HIV/AIDS to NCPS
- Transfer Division of Quarantine to NCID
- HIV labs will remain in NCID

An NCPS internal transition team co-chaired by Alan Hinman, director of NCPS, and James Curran, associate director of CDC for HIV/AIDS.

- To define programmatic directions for HIV, STD and TB
- Develop options for organizational structure
- recommend staff needs and placement

4. How will the states, community based organizations and partners be affected?

- The reorganization is designed to improve communication between CDC and grantees as well as provide better service coordination.

- Essential program components such as surveillance, community planning, the prevention marketing initiative commitments will be strengthened by the merger.

5. When will the integration be completed?

The projected date for significant progress in the reorganization is Feb. 15, 1995.

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Current Directions in AIDS Research:

An Analysis of AIDS Drug and Vaccine Development Projects at the NIH

by Derek Link

X International AIDS Conference
Yokohama, Japan
August 1994

GMHC

GAY MEN'S HEALTH CRISIS

CDC Reorg.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

December 13, 1994

Dear Colleague:

I recently announced the Centers for Disease Control and Prevention's (CDC) proposal to merge core HIV/AIDS activities, currently operating in three different organizational units, into a single center. The goal of this merger is to enhance CDC's ability to prevent and control the spread of HIV/AIDS among individuals and groups in this country and contribute to HIV prevention efforts throughout the world. This merger and the reorganization process involved responds to the recommendations made by the CDC Advisory Committee on the Prevention of HIV Infection in its June 1994 report to CDC.

We believe that HIV/AIDS programs will be further strengthened and enhanced by having programs addressing sexually transmitted diseases (STDs) and tuberculosis (TB) within the same organization. This organizational approach should enhance the coordination and integration between these prevention services and benefit individuals and populations at increased risk for more than one of these infections.

The objectives of the HIV/AIDS reorganization strategy are to:

1. Improve the science base of our CDC HIV/AIDS prevention programs and bring about a closer working relationship between people responsible for the science base and those who are implementing prevention programs;

2. Better coordinate the HIV/AIDS programs and activities throughout CDC;

3. Improve the visibility and accountability of CDC's HIV/AIDS programs;

4. Facilitate closer linkages between HIV, STD, and TB surveillance activities and prevention programs at the local level; and

5. Minimize the negative impact and maintain the integrity of other programs at CDC and ATSDR.

This proposal to merge core HIV/AIDS activities in a single center that also includes STD and TB programs follows discussions with internal staff and external partners regarding the current organizational structure of CDC. The merger will combine most of CDC's HIV/AIDS funds and staff. The following organizational components will be included in this organizational merger:

-- The Division of HIV/AIDS, including the surveillance, epidemiology, and behavioral science functions from the National Center for Infectious Diseases (NCID);

-- The Office of the Associate Director for HIV/AIDS, including its health communication activities; and

-- The Division of Sexually Transmitted Diseases and HIV Prevention and the Division of Tuberculosis Elimination in the National Center for Prevention Services (NCPS).

We have concluded that it is important to maintain all infectious disease laboratories within the same organizational entity. Therefore, the HIV and STD laboratories, along with hemophilia activities, hospital infections HIV activities, and scientific activities related to preventing opportunistic infections will remain in NCID. Effective communications will be maintained between epidemiologists and laboratorians. The HIV/AIDS programs within the Division of Adolescent and School Health will remain in the National Center for Chronic Disease Prevention and Health Promotion.

The merger will require several months for implementation. By February 15, 1995, an internal implementation team composed of CDC senior staff members, and co-chaired by Dr. James Curran, Associate Director for HIV/AIDS, and Dr. Alan Hinman, Director of NCPS, will begin the transition process and make recommendations for the optimal organizational structure to ensure that HIV/AIDS prevention objectives are met and that the coordination of HIV/AIDS, STD, and TB prevention programs are enhanced at the local level. The implementation team will recommend a name for the merged center.

Also by February 15, a working group in CDC's Office of the Director will identify the corresponding budget and staff allocations for the new organization. This working group will coordinate its activities with the internal implementation team. A third team, chaired by Dr. James Curran, will lay out a clear matrix of responsibilities for HIV/AIDS prevention efforts, including interaction with other centers, institutes, and offices at CDC.

In the interim, Dr. Curran will continue to provide the expertise and leadership of CDC HIV/AIDS activities, and Dr. Hinman will provide leadership and management of NCPS. A decision about the leadership of the merged activities will be made shortly after I have reviewed the recommendations of the implementation team, the working group, and others. The guiding principles and the operating assumptions as adapted by the implementation team are enclosed.

Thank you for your interest in and commitment to CDC HIV/AIDS prevention activities and programs.

Sincerely,

David Satcher, M.D., Ph.D.
Director

Enclosure

GUIDING PRINCIPLES FOR REORGANIZATION

The internal structure of the merged organization should assure that the HIV/AIDS prevention objectives are met, and should enhance the effectiveness of HIV, STD, and TB prevention programs.

- Forge strong integration of science and prevention programs. In particular:
  - Strengthen the role of behavioral and social sciences, communications, and health services and evaluation research in designing, implementing and evaluating prevention program strategies.
  - Facilitate coordinated strategic planning for epidemiologic, communications, behavioral, and social science research and prevention strategies.
  - Enhance and improve surveillance of both disease and behaviors and facilitate the use of surveillance data in the design, implementation, and evaluation of community-based programs.
  - Maintain close linkages with laboratory services and research efforts in other Centers.
- Maintain as well as strengthen CDC's leadership, credibility, and visibility in HIV prevention and research.
- Enhance the coordination and integration of HIV, STD, and TB prevention services for individuals and populations at increased risk for more than one of these infections.
- Strengthen linkages between CDC's HIV prevention programs and government programs for substance abuse prevention and treatment (SAMSHA), HIV medical and social services (HRSA, HCFA, AHCPR), education (DOEd), and housing (HUD) as well as strengthening linkages with other government research institutions (NIH, FDA, AHCPR).
- Encourage and strengthen multidisciplinary approaches to enhance effectiveness of HIV, STD, and TB prevention programs (including behavioral scientists, epidemiologists, laboratorians, statisticians, communication specialists, and program managers), while ensuring a critical mass of specialists in each discipline. Minimize organizational barriers to collaboration, integration, and multidisciplinary efforts.

- Design and implement prevention strategies to reach all at risk populations in communities.
  - Expand prevention efforts beyond public clinics.
  - Expand and enhance social marketing, health communication, and health promotion strategies for HIV, STD and TB prevention.
  - Encourage community involvement in planning and implementing HIV, STD and TB prevention efforts.
- Reassess and restructure the role of public health advisors in community prevention programs.
- Improve coordination and flexibility of CDC funding streams for HIV, STD, and TB prevention.
- Be sensitive to and support needs of prevention partners at State, local and community levels.
- Strengthen and better support HIV, STD, and TB prevention programs, activities, and services and organizational capacities at state and local levels.

OPERATING ASSUMPTIONS

"INTERNAL" IMPLEMENTATION TEAM

1. The primary purpose of the reorganization is to facilitate as well as enhance the potential synergistic effects between various HIV prevention components. The structure of the center should take advantage of synergism between various prevention components and enhance the effectiveness of current HIV, STD, and TB prevention efforts;

2. The current divisional structures do not fully meet these purposes. Consequently, organizational changes will be necessary in the HIV and STD programs and possibly in the TB program. All plausible proposes will be considered.

3. Prevention or modification of high-risk behaviors represents the major, cost-effective component of the control of HIV infection. Developing, implementing, and evaluating behavioral interventions require strong emphasis on behavioral and social sciences. The organizational structure selected should recognize the similarites and differences in programmatic prevention models and intervention approaches used to prevent and/or control HIV, STD, or TB and facilitate the appropriate emphasis on primary and secondary prevention efforts for each of these problems.

4. Prevention efforts will be guided by the best available scientific knowledge. Consequently, there will be a continuing need for specialized knowledge relating to HIV, STD, and TB. Knowledge gained from surveillance and laboratory, behavior, health services, communications, and epidemiologic studies will provide the basis for intervening in prevention of each of these infections.

5. The organizational structure should permit close and effective coordination between HIV, STD,and TB on issues of programmatic interest to all three programs, particularly as these issues relate to the delivery of integrated or coordinated services at the local level;

6. The organizational structure should permit the establishment of effective systems for the matrix management of HIV/STD/TB activities both within and outside the center, including hospital infections, adolescent health, reproductive health, laboratory-based investigations, international health, and laboratory training;

7. Public Health Advisor field staff will continue to play an important role in supporting effective prevention programs; the roles they play will continue to evolve. The organizational structure should optimize their effectiveness.