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# The Nation's First STI National Strategic Plan



**U.S. Department of Health and Human Services**

**December 17, 2020**

# Agenda

- The Need for the STI National Strategic Plan (2021-2025)
- Background and Overview of STI Plan
- STI Plan Goals
- Measuring Success: STI Plan Indicators
- STI Plan Implementation and Accountability



# Speakers: HHS Leadership



**ADM Brett Giroir, MD**  
*Assistant Secretary for Health*  
*U.S. Department of Health and Human Services*





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- **Provide trusted data and information**  
to serve HHS, the federal government, states and localities, and the general public
- **Convene partners**  
federal agencies, state and local, professional societies, NGOs, academia, civil society, commercial partners, patient advocates
- **Develop novel initiatives**  
gain situational awareness, identify gaps, build teams, set a common agenda, support infrastructure, transition to Operational Divisions
- **Organize and lead national initiatives**



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# Why do we need a STI National Strategic Plan?



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# SEXUALLY TRANSMITTED INFECTIONS ARE A PUBLIC HEALTH CRISIS (CDC, 2018)

**1.8 million**  
CASES OF CHLAMYDIA  
19% rate increase since 2014

**583,405**  
CASES OF GONORRHEA  
63% rate increase since 2014

**115,045**  
CASES OF SYPHILIS  
71% rate increase of infectious  
syphilis since 2014

**1,306**  
CASES OF SYPHILIS  
AMONG NEWBORNS  
185% rate increase since 2014

- **2.4 million Sexually Transmitted Infections**
  - 90,000 more cases than in 2017
- Increases in STIs have continued for five consecutive years
- From 2014 to 2018:
  - Syphilis cases increased by 71%
  - Gonorrhea cases increased by 63%
  - Chlamydia remained at record highs
- HPV remains the most common STI in the U.S. Almost every person who is sexually-active will get HPV at some time in their life if they don't get the HPV vaccine.

**Newborn syphilis cases more than double in four years, reaching 20-year high**

## The New York Times

### *Sexually Transmitted Disease Cases Rise to Record High, C.D.C. Says*

Cases of syphilis, gonorrhea and chlamydia in the United States jumped last year, and an alarming number of newborn deaths were linked to congenital syphilis.



# STIs and their Consequences

## Impaired Fertility

*e.g., Chlamydia, Gonorrhea*

## Adverse Pregnancy Outcomes

*e.g., Syphilis*

## Reproductive Tract Cancer

## HIV Transmission

**\$2.4** billion estimated annual direct costs\*

\*2010 estimates



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# Challenges to STI Prevention and Control

- Health disparities/inequities, stigma, social determinants of health
- Insufficient program capacity, access to prevention and care services
- Need for provider education, awareness, and training
- HPV vaccination uptake remains low
- Emerging Antibiotic Resistance
- Need for advancement in STI research, technology, and innovation
- *Emerging threats* – disruptions caused by the COVID-19 pandemic
- Addressing the syndemic – STIs, HIV, viral hepatitis, and substance use disorders





# Speakers: Federal Leadership



**Carol Jimenez,  
JD**  
Deputy Director for  
Strategic Initiatives  
OASH/OIDP



**Judith  
Steinberg, MD,  
MPH**  
Chief Medical  
Officer  
OASH/OIDP



**Susan Robilotto,  
DO**  
Director, Division of  
State HIV/AIDS  
Programs  
HRSA



**Carolyn Deal, PhD**  
Chief, Enteric and STI  
Branch  
NIH-NIAID/DMID



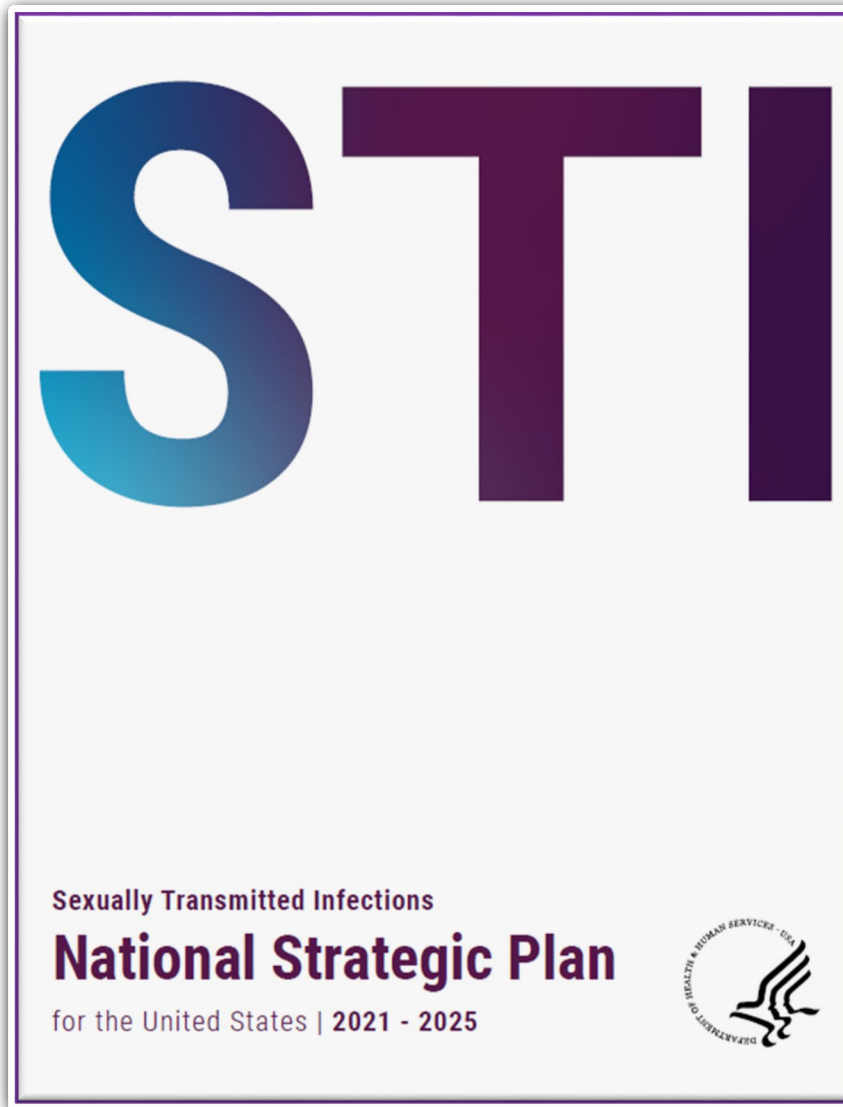
**Gail Bolan, MD**  
Director, Division of STD  
Prevention  
CDC/DSTDP



# Office of Infectious Disease and HIV/AIDS Policy (OIDP)

- Provides strategic leadership and management, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases.
- Health policy and program issues related to:
  - Viral Hepatitis
  - Vaccines;
  - HIV/AIDS;
  - **Sexually transmitted infections (STIs);**
  - Other infectious diseases and issues of public health significance; and
  - Blood and tissue safety and availability in the U.S.





**What is the *STI National Strategic Plan* and what are its goals?**

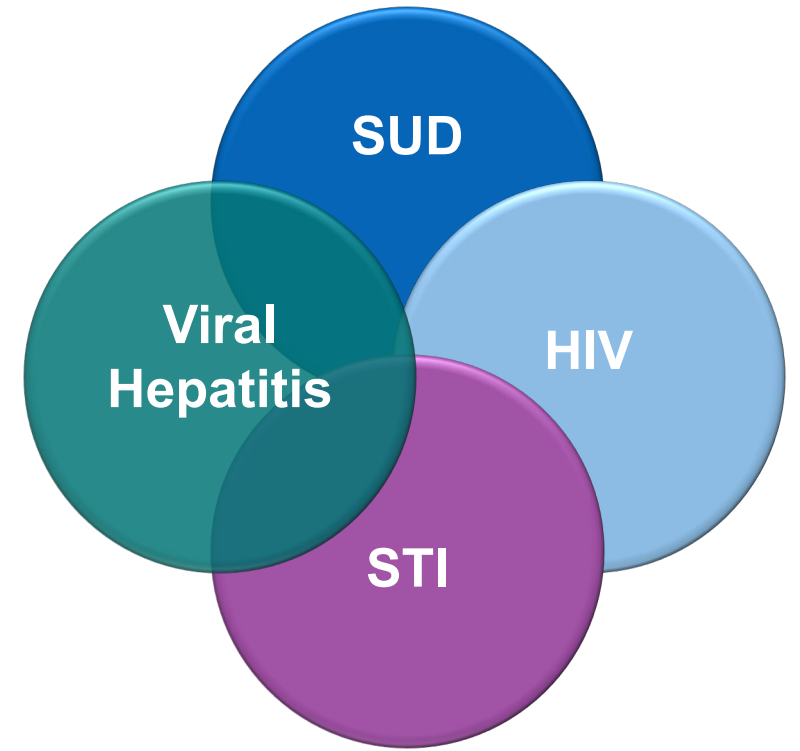
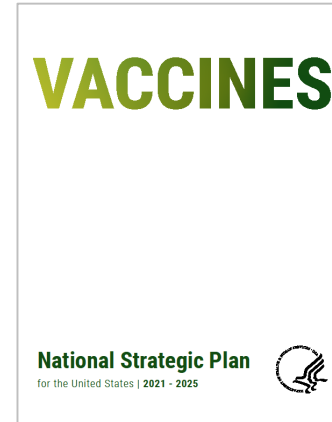
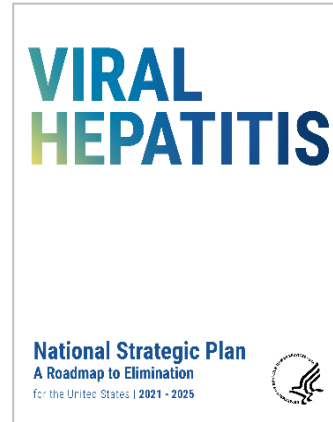
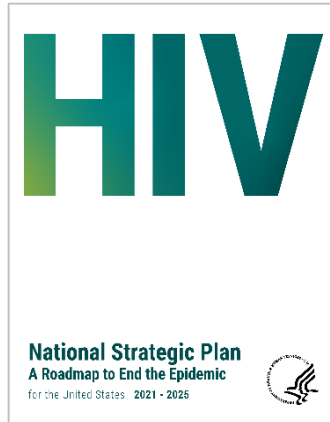
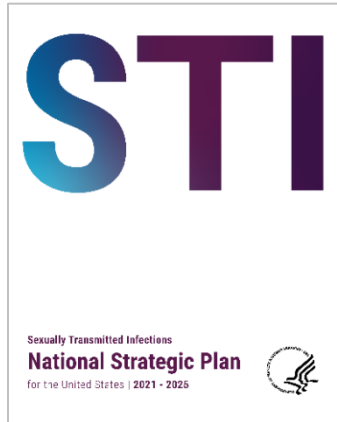


# STI National Strategic Plan Overview

- Five-year plan (2021-2025) with annual quantitative targets through 2030
- Developed by a Federal Steering Committee
- Opportunities for public comment (at development and final stages)
- Stigma, discrimination and social determinants of health - integral to addressing the epidemic
- Integrated approach to prevention, screening and linkage to care among all components of the syndemic; whole-of-society approach
  - Alignment across STI, HIV, and Viral Hepatitis National Strategic Plans and Healthy People 2030



# Engaging the Syndemic Across National Strategic Plans:



Stigma, discrimination, and social determinants of health are integral to addressing the syndemic

**HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Better</b> addiction prevention, treatment, and recovery services	<b>Better</b> data	<b>Better</b> pain management	<b>Better</b> targeting of overdose reversing drugs	<b>Better</b> research



# STI Plan – Community Engagement/Public Comments

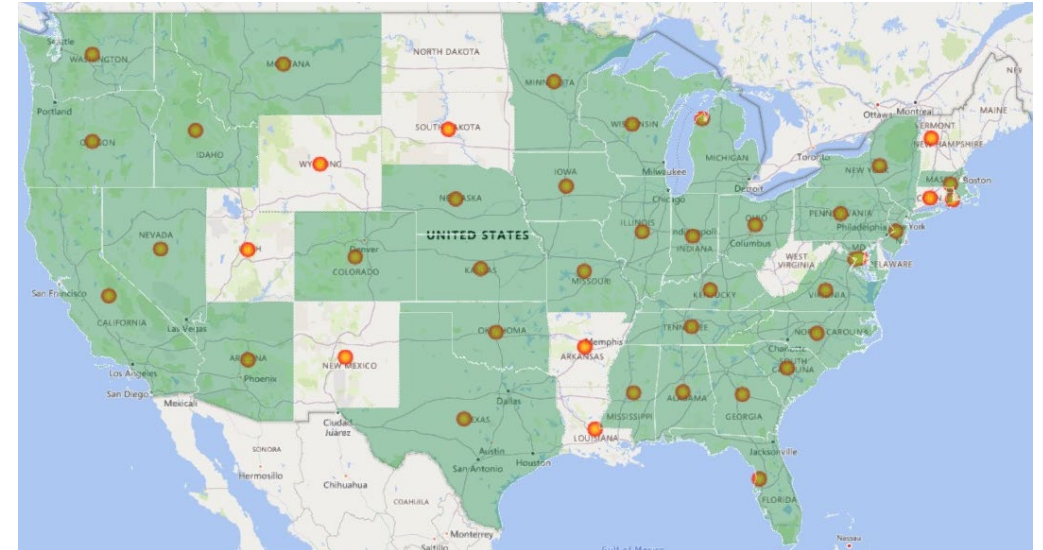
## Development of STI Plan

- 6 Listening Sessions including virtual (March-June 2019)
  - Over 1,000 participants
  - 45 states, DC, 3 territories & Canada
- RFI in *Federal Register* (May-June 2019)
  - 115 sets of comments received

## Input on Draft STI Plan

- RFI in *Federal Register* (Sept-Oct 2020)
  - 48 sets of comments received
- All comments analyzed and taken into consideration in adopting elements of plan and finalizing plan

Map of Commenters' Locations



Note: locations not highlighted on map include comments from 3 territories, Canada, and Alaska.

- = RFI comments
- = Listening session comments



# STI Plan – Community Engagement/Public Comments *Dominant Themes*



# Vision & Goals

## A. VISION

The United States will be a place where sexually transmitted infections are prevented and where every person has high-quality STI prevention, care, and treatment while living free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

## B. Goals

In pursuit of this vision, the STI Plan establishes five goals:



**1. Prevent new STIs**



**2. Improve the health of people by reducing adverse outcomes of STIs**



**3. Accelerate progress in STI research, technology, and innovation**



**4. Reduce STI-related health disparities and health inequities**



**5. Achieve integrated, coordinated efforts that address the STI epidemic**





## Infections



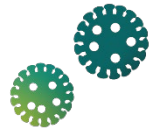
Chlamydia



Gonorrhea



Syphilis



HPV

## Disproportionately Impacted Populations



Adolescents and Young Adults



MSM



Pregnant Women

**Subgroups:** Racial and ethnic minorities (Blacks, American Indians/Alaska Natives, Hispanics); South and West regions of the U.S.



# What are key strategies for prevention, testing, and treatment?





# Goal 1: Prevent New Sexually Transmitted Infections

## *Selected Focus Areas*

- Primary prevention
- Increase awareness of STIs and sexual health
  - Non-stigmatizing, comprehensive approach to sexual health education and sexual well-being
- Increase completion rates of routinely recommended HPV vaccination
- Provide resources, incentives, training, and technical assistance to expand health workforce and systems capacity
- Increase diversity of the workforce that delivers STI prevention services
- Integrate STI prevention with HIV, viral hepatitis, and substance use prevention services across workforces and delivery systems





## Goal 2: Improve the Health of People by Reducing Adverse Outcomes of STIs – *Selected Focus Areas*

- Expand high-quality affordable STI secondary prevention, including screening, care, and treatment
  - Support expanded staffing and role of DIS in programs
  - Increase STI screening and testing for priority populations, including extragenital STI testing among MSM
- Expand workforce STI knowledge and experience through education and training, maintenance of certification, and continuing education programs
- Optimize, expand use of, and improve the effectiveness of expedited partner therapy, STI partner services, and linkage to care in programs and settings that provide STI testing and treatment



# What are key strategies for innovation?





## Goal 3: Accelerate Progress in STI Research, Technology, and Innovation – *Selected Focus Areas*

- Increase research and investments to develop STI vaccines and bring them to market
- Support development and uptake of:
  - Multipurpose Prevention Technologies (MPTs) for STIs
  - Developmental therapeutic agents
  - STI diagnostic technologies
    - Point of care and self-collected
    - Rapid antibiotic susceptibility determination
  - Antimicrobial prophylaxis regimens
  - Other interventions for the identification and treatment of STIs, including new and emerging disease threats



# What strategies are planned to reduce STI-related disparities and health inequities?





## Goal 4: Reduce STI-related Health Disparities and Health Inequities – *Selected Focus Areas*

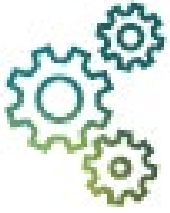
- Reduce stigma and discrimination associated with STIs
- Train providers, including primary care, specialty, and nontraditional providers, to deliver high-quality, culturally and linguistically appropriate, nondiscriminatory, nonjudgmental, compassionate, and comprehensive sexual health services
- Address social determinants of health and co-occurring conditions
  - Expand policies and approaches that promote STI prevention and care in programs involving housing, education, transportation, the justice system, and other systems that impact social determinants of health.





# How will we achieve integration and coordination?





## Goal 5: Achieve Integrated, Coordinated Efforts that Address the STI Epidemic – *Selected Focus Areas*

- Integrated syndemic and whole of society approach
  - Establish and scale up integration of STI-related efforts, policies, and programs with all parts of the syndemic
- Improve data related to STIs and social determinants of health
  - Includes surveillance infrastructure and real-time data sharing
  - Align indicators across programs
- Improve mechanisms to evaluate progress toward STI Plan goals
  - Integrated implementation plans – STIs, HIV, viral hepatitis, other communicable infections, substance use disorders
  - Regularly communicate progress and course-correct when insufficient progress

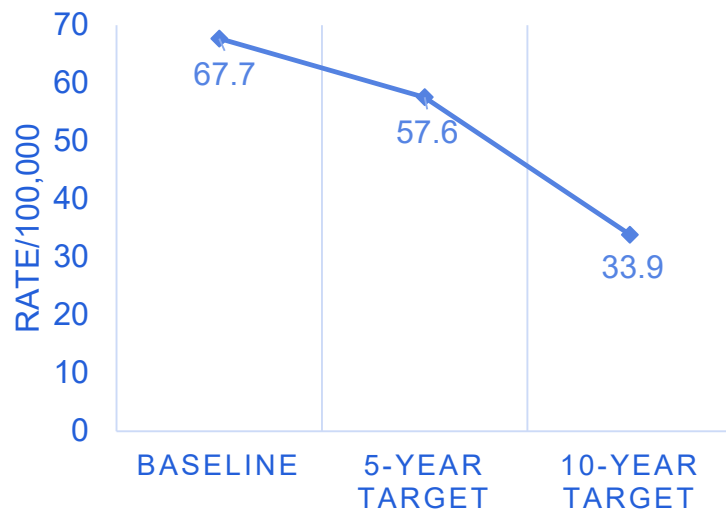


# How will we measure success?



# STI Plan Indicators

- Core
- Disparities
- Developmental



**Reduce congenital syphilis rate by 15% by 2025 and 50% by 2030**

	Core Indicators	Related Goal
1	Increase the percentage of adolescents aged 13-17 years who receive the routinely recommended doses of HPV vaccine	1, 2, 4
2	Reduce primary and secondary syphilis rate	1, 2
3	Reduce congenital syphilis rate	1, 2, 4
4	Reduce gonorrhea rate	1, 2, 4
5	Increase chlamydia screening in sexually active females aged 16-24 years	1, 2, 4
6	Reduce pelvic inflammatory disease in females aged 15-24 years	1, 2, 4
7	Increase condom use at last sexual intercourse among sexually active high school students	1, 4



# What's next?



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# What's Next?

- Whole of society approach
- Federal Implementation Plan - FY 2021
  - Accountability among federal agencies
  - Identify areas for collaboration
  - Facilitate cross-disciplinary funding, services and communication
- Implementation by non-federal stakeholders
- Annual Reporting



# Acknowledgements

- HHS Secretary and ASH
- Federal Steering Committee
  - Members
  - Departments/agencies
  - Subcommittee members
- Stakeholders and public commenters
- OIDP staff

Federal Departments	HHS Agencies and Offices	
<ul style="list-style-type: none"> <li>• Department of Defense</li> <li>• Department of Education</li> <li>• Department of Health and Human Services</li> <li>• Department of Housing and Urban Development</li> <li>• Department of Veterans Affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Administration for Children and Families</li> <li>• Administration for Community Living</li> <li>• Centers for Disease Control and Prevention</li> <li>• Centers for Medicare &amp; Medicaid Services</li> <li>• Food and Drug Administration</li> <li>• Health Resources and Services Administration</li> <li>• Indian Health Service</li> <li>• National Institutes of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Office of the Assistant Secretary for Health               <ul style="list-style-type: none"> <li>» Office of Infectious Disease and HIV/AIDS Policy</li> <li>» Office of Minority Health</li> <li>» Office of Population Affairs</li> <li>» Office of the Surgeon General</li> <li>» Office of Women's Health</li> </ul> </li> <li>• Substance Abuse and Mental Health Services Administration</li> </ul>



# Key Takeaways

- First ever national STI plan
- Active participation by all
- No wrong door approach
- Holistic care, addressing co-occurring conditions and social determinants of health
- Focus on disproportionately impacted populations and eliminating inequities
- Innovations in prevention, diagnostics, therapeutics and care
- Holding ourselves accountable





To view the STI National Strategic Plan  
and related resources visit:  
[www.hhs.gov/STI](http://www.hhs.gov/STI)



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