July 15, 2011

Dear Colleagues:

This communication provides an update of the process we have initiated to address anticipated reductions to CDC’s tuberculosis (TB) budget. At local and federal levels, the U.S. TB elimination program has been challenged over the last few years by continual reductions in fiscal and human resources that have degraded core public health functions. Although the pattern of decreasing resources most likely will continue for some time, we do not yet know the full extent of these reductions. Faced by anticipated reductions, in March 2011 our Division assembled an ad hoc working group to propose ways in which the federal component to the national program could be restructured, grounded in changes to CDC’s TB Cooperative Agreements (CoAgs). This group developed a draft set of options and in June 2011 consulted with partners, principally the National TB Controllers Association (NTCA), the Association of Public Health Laboratories (APHL), and the Advisory Council for the Elimination of Tuberculosis (ACET), on a draft restructuring framework, and written comments were received earlier this week from both NTCA and APHL. We are appreciative of these thoughtful comments and will be taking them into consideration.

A second aspect of our work has included seeking input on accelerated implementation and refinement of the TB CoAg funding formulas. One formula focuses on prevention and control activities and the other on the laboratory system. Accordingly, the two workgroups have been re-established and convened this month. Please recall that our collective efforts to increasingly rely on formula-based funding allocations for CDC’s TB CoAgs began in fiscal year (FY) 2005, in an effort to track the changing epidemiology, align workloads, and improve effectiveness. By working with partners, we developed agreed-upon formulas to guide future funding allocations. Initially the fraction of historical CoAg funds reallocated by the formulas was 20% of the total funds. This fraction for redistribution of resources was increased in FY2008 and in FY2010, with additional planned increments for FY2013 which would bring the reallocated percentage to 60%, and for FY2015, to 70% This pace for formula-based redistribution of resources needs to be accelerated and is driven by financial exigencies recently commented on by CDC Director, Dr. Frieden: “Public health has been hit hard as a result of the recession, and budget cuts are straining the capacity of health departments across the country…”

The workgroups will reassess the current formulas with the aim of increasing effectiveness and efficiency, injecting the most forward-thinking possible. With continued input from NTCA and APHL, we intend to close out the current FY2010–2014 CoAg project period at the end of FY2012, and announce a new competitive funding opportunity announcement for a 5-year project period beginning in FY2013, 2 years earlier than originally planned. Specific instructions for closing out the current project period will be included in the FY2012 Interim Progress Report guidance.

As in the past, the workgroups have representation from APHL; NTCA; state control and laboratory program leadership across low, medium, and high incidence and testing
volume settings; big cities; and the Division of Tuberculosis Elimination. The workgroups are aiming for completion of work by November 2011. I expect to receive consensus-based recommendations of the formulas that address how to accelerate implementation, funding approaches for big cities, and other refinements. These recommendations will be used to inform the development of the FY2013 TB CoAg announcement.

At the recent National TB Conference meeting, I pointed out that as a national partnership we did not meet our 2010 TB elimination goal: an incidence of one case per million population. As a country, we achieved a historic low incidence of 3.6 TB cases per 100,000 population, yet we must refocus our efforts to accelerate progress towards the elimination of TB in the United States. In this context, the formation of these workgroups and refinement of the formulas are critical steps in this era of extreme budget reductions. I hope this information helps clarify the process and facilitates your participation. Please feel free contact me, your program or laboratory consultant, Dr. Terence Chorba (tlc2@cdc.gov or 404-639-0909), or Captain Michael Iademarco (mai9@cdc.gov or 404-639-5019).

Please feel free to share this with others.

Sincerely,

Ken Castro

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