



Department of  
**Public Health**

CITY OF PHILADELPHIA

# The Integrated Plan 2027-2031

Presentation to the Philadelphia HIV Integrated Planning Council

Kathleen A. Brady, MD, MSCE

Mari Ross-Russell, Office of HIV Planning

September 11, 2025

# Today's Presentation

- Background
- Sections Overview
- HIPC Participation



# Background

- An umbrella document that sets out local recommendations for all HIV care and prevention services, including but not limited to the RWHAP and CDC prevention funding
- Plan issued by CDC & HRSA in 2015, 2021 & 2025
- Intended to:
  - Reduce reporting burden and duplicated efforts experienced by Federal recipients, including the Philadelphia EMA
  - Streamline the work of planning groups and health departments
  - Promote collaboration and coordination in the use of data, in community engagement, and in designing systems of HIV prevention and care
- The Plan is developed to inform program planning, resource allocation, evaluation, and continuous quality improvement over a 5-year period.

## Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027- 2031

Division of HIV Prevention

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

HIV/AIDS Bureau

Health Resources and Services Administration

February 2025



# Federal Expectations for the Integrated Plan:

- Coordinate HIV prevention and care activities by assessing resources and service delivery gaps and needs across HIV prevention and care systems to ensure the allocation of resources based on data;
- Address requirements for planning, community engagement, and coordination established by the RWHAP legislation as well as programmatic planning and community engagement requirements established by both HRSA and CDC;
- Improve health outcomes along the HIV care continuum by using data to prioritize people and communities who have been disproportionately impacted by HIV where systems of care are not adequately addressing high HIV morbidity and/or lower overall viral suppression rates;
- Show how the various local and state plans – including Ending the HIV Epidemic Plan – work together to further the goals of the National HIV/AIDS Strategy

# Federal Expectations for the Integrated Plan:

- Promote a whole-person approach to improve the health of people with HIV and people who can benefit from prevention services;
- Reduce recipient burden by allowing jurisdictions to submit portions of other significant planning documents
- Advance health by ensuring that government programs promote effective delivery of services and engage people with lived experience in service delivery system design and implementation;
- Leverage strategic partnerships to prioritize efforts, and focus resources and evidence informed interventions, to reach those who are diagnosed, but not engaged in care.

# Role of the Planning Council in the HIV Integrated Plan

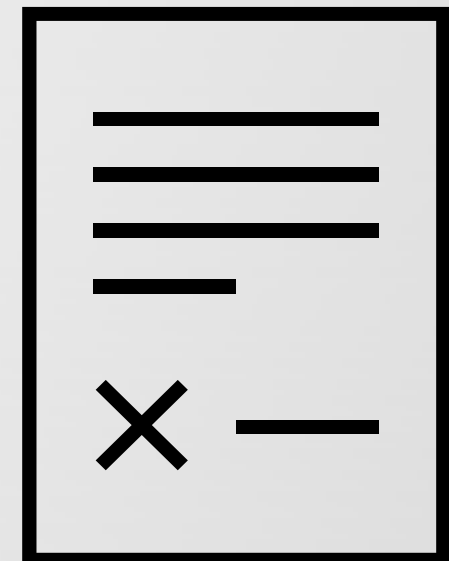
- Existing prevention and care HIV planning bodies should provide input in the development of the Integrated Plan
  - Jurisdictions also need to engage traditional collaborators and community members to get input.
- The recipient will review, analyze, and present data from needs assessments and listening sessions to the planning group to:
  - get input for program action and decisions;
  - prioritize resources to those at highest risk for HIV transmission and acquisition;
- As part of a complete Integrated Plan submission, jurisdictions must provide a signed letter from the planning body(ies) documenting concurrence, non-concurrence, or concurrence with reservations with the Integrated Plan submission.

# Sections to Be Completed

#	Section
I	Introduction of Integrated Plan and SCSN
II	Community Engagement and Planning Process
III	Contributing Data Sets and Assessments
IV	Situational Analysis
V	2027 – 2031 Goals and Objectives
VI	2027 – 2031 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up
VII	Letter of Concurrence

# Section I: Executive Summary

- To provide a description of the Integrated Plan, including the Statewide Coordinated Statement of Need (SCSN) and the approach the jurisdiction used to meet the requirements of the guidance





## Section II: Community Engagement and Planning Process

- To describe how the jurisdiction's planning approach engaged community members and collaborators, fulfilled legislative and programmatic requirements, and addressed the HIV care and prevention needs of people with HIV and people vulnerable to HIV.



## Section III: Contributing Data Sets and Assessments

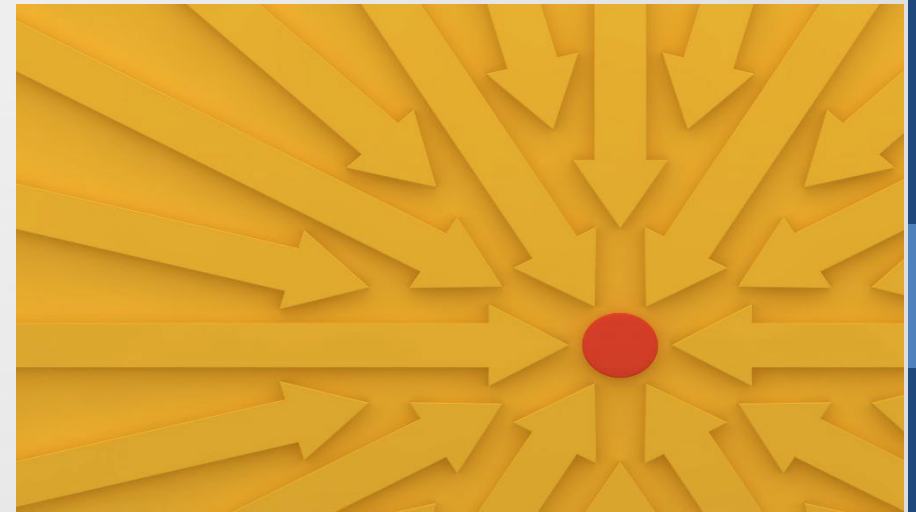
- Analyze the qualitative and quantitative data used by the jurisdiction
  - to describe how HIV impacts the jurisdiction, and;
  - to determine the services needed by clients to access and maintain HIV prevention, care and treatment services;
  - to identify barriers for clients accessing those services and;
  - to assess gaps across the HIV Prevention and HIV Care Continuums of Care.

## Section IV: Situational Analysis

- Provides an overview of the strengths, challenges, and needs including structural and systemic issues impacting populations disproportionately impacted by HIV and resulting health disparities
- Lays the groundwork for strategies to be included in the Plan's Goals and Objectives section
- Describes the needs of priority populations

## Section V: 2026 -2031 Goals and Objectives

- Provides a coordinated approach for all HIV prevention and care funding
- Describe goals, objectives, and activities in the Plan
- Addresses focus areas for scaling up efforts to end the epidemic: Diagnose, Treat, Prevent, and Respond



# Example Work Plan Structure

## Diagnose (EXAMPLE)

**Goal 1:** Diagnose all people with HIV as early as possible.

**Objective:** To increase the number of HIV tests conducted by XX% within the jurisdiction by 2031.

**Key Activities/Strategies:**

- 1) Increase capacity of health care delivery systems to offer routine testing in XX ERs, acute care settings, etc.
- 2) Plan and develop a wide dissemination of self-testing kits through system partners across the jurisdiction to improve access for testing.

**Responsible Parties:** RWHAP Part A recipient, RWHAP Part B recipient, EHE recipient, CDC recipient

**Key Partners:** Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, people and communities disproportionately impacted by HIV, STI/sexually transmitted disease clinics, women's health services/prenatal services providers, hospitals, etc.

**Performance Measures:**

- # of HIV tests
- # of newly identified persons with HIV

**Progress towards national HIV goals:** Increase the number of people who know their HIV diagnosis by XX% to prevent new HIV infections.

## Section VI: Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up

- Describes the infrastructure, procedures, systems and tools to be used for the Plan's:
  - Implementation
  - Monitoring
  - Evaluation
  - Improvement
  - Reporting/dissemination

## Section VII: Letter of Concurrence

- Describes how the planning body was involved in the development of the Integrated Plan
- Important that the HIPC understand and agree with the Plan

# HIPC Participation

What	When
Meeting 1: Planning Overview and Q&A	September 11, 2025
Meeting 2: Review of Goals and Objectives	February 12, 2026
Meeting 3: Concurrence	May 14, 2026



