Draft Goals and Objectives for the Integrated Plan 2022-2026

Presentation to the Philadelphia HIV Integrated Planning Council
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Background

- The Philadelphia EMA's new Integrated Plan is being developed to inform program planning, resource allocation, evaluation, and continuous quality improvement over a 5year period.
- The EMA's final Integrated Plan 2022-2026 including the HIPC's Letter of Concurrence will be submitted to CDC and HRSA by December 9, 2022.

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026

Division of HIV/AIDS Prevention

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

HIV/AIDS Bureau

Health Resources and Services Administration

June 2021







Integrated Plan Table of Contents

#	Section	
- 1	Executive Summary of the Integrated Plan and SCSN	
Ш	Community Engagement and Planning Process	
Ш	Contributing Data Sets and Assessments	
IV	Situational Analysis	
V	Goals and Objectives	
VI	Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up	
VII	Letter of Concurrence	

Section V: 2022-2026 Goals and Objectives

- Provides a coordinated approach for all HIV prevention and care funding
- Plans activities that are specific, measurable, achievable, relevant, and time-bound (SMART)
- Addresses the four strategies for scaling up efforts to end the epidemic:
 - ✓ Diagnose
 - ✓ Treat
 - ✓ Prevent
 - Respond
- Includes health equity activities



Diagnosis – Draft Goals

- 1. To diagnose 95% of persons living with HIV by 2026.
- 2. Eliminate disparities in non-clinical HIV testing.
- 3. Strengthen the HIV workforce including collaboration with NJ and PA DOH.

DIAGNOSIS

Goal 1: To diagnose 95% of persons living with HIV by 2026

- Promote routine opt-out HIV screenings and diagnostic testing in 50 healthcare and other institutional settings by 2026.
- Maintain HIV testing services in priority non-clinical settings cited in the activities.
- Implement novel HIV testing initiatives.



DIAGNOSIS

Goal 2: Eliminate disparities in non-clinical HIV testing

- Increase the number of partners to address syndemics to reduce new HIV diagnoses.
- Increase HIV testing among priority populations by 20%.
- Enhance health equity efforts through policy and process improvements annually.
- Evaluate HIV testing programs to address disparities in priority populations annually.



DIAGNOSIS

Goal 3: Strengthen the HIV workforce including collaboration with NJ and PA DOH

- Increase the capacity of the HIV workforce to provide quality services.
- Support efforts of funded providers to diversify their HIV workforce.

Treatment – Draft Goals

- 1. By 2026, 95% of people living with HIV will be virally suppressed.
- 2. Increase engagement in HIV medical care to 95% among people with diagnosed HIV.
- 3. Reduce HIV-related disparities in HIV outcomes.



TREAT

Goal 1: By 2026, 95% of people living with HIV will be virally suppressed

- Increase uptake of antiretroviral therapy by XX%.
- Re-engage 95% of PLWH out of care in HIV medical care.
- Assess the needs of people aging with HIV, including long-term survivors and more recently diagnosed PLWH over 50 and identify and implement strategies to support identified needs.



TREAT

Goal 2: Increase engagement in HIV medical care to 95% among people with diagnosed HIV

- Address social and structural influencers of health to reduce barriers to engagement in care for persons with diagnosed HIV.
- Provide public-facing information on the availability of HIV treatment and supportive services for people living with diagnosed HIV.



TREAT

Goal 3: Reduce HIV-related disparities in HIV outcomes

- Address health equity disparities in Ryan White funded HIV care facilities.
- Expand the evaluation of HIV care programs to reduce health disparities.
- Provide training related to health equity issues and key populations to all subrecipients.

Prevent – Draft Goals

- 1. Use biomedical prevention strategies to reduce new HIV diagnoses by 75%.
- 2. Increase the number of access points for evidence-based harm reduction services.
- 3. Reduce disparities in HIV-related prevention services in priority populations.



PREVENT

Goal 1: Use biomedical prevention strategies to reduce new HIV diagnoses by 75%

- Assure 50% of people with a PrEP indication will be prescribed PrEP.
- Ensure reliable 24/7 access to nPEP.
- Support Perinatal Prevention Services for pregnant individuals.



PREVENT

Goal 2: Increase the number of access points for evidence-based harm reduction services

- Expand access to harm reduction supplies through novel approaches.
- Improve SSP service delivery.



PREVENT

Goal 3: Reduce disparities in HIV-related prevention services in priority populations

- Monitor local disparities along the status-neutral continuum.
- Reduce HIV-related disparities in new diagnoses among priority populations.
- Increase and support health promotion activities for HIV prevention in the communities where HIV is most heavily concentrated.

Respond – Draft Goals

- 1. Identify and investigate active HIV transmission clusters and respond to all HIV outbreaks.
- 2. Ensure data sharing with the PA and NJ Departments of Health.



RESPOND

Goal 1: Identify and investigate active HIV transmission clusters and respond to all HIV outbreaks

- Maintain a robust core HIV public health data system to identify outbreaks of HIV.
- Maintain outbreak response plans and structures to respond to outbreaks and clusters that require an escalated response.
- Intervene in all clusters that are identified.



RESPOND

Goal 2: Ensure data sharing with the PA and NJ Departments of Health

- Expand data sharing with the Pennsylvania Department of Health.
- Implement data sharing with the New Jersey Department of Health.

HIPC Participation

What	When	Status
Meeting 1: Planning Overview and Q&A	September 8	
Meeting 2: Review of Goals and Objectives	October 13	Today's presentation
Meeting 3: Concurrence	November 10	Next HIPC meeting

