

Integrated Plan and Prevention Efforts

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Actions Taken:

Diagnose

- Implemented easy access sexual health services that focus on overall sexual wellness to decrease stigma around HIV testing.
- Clinical advisor to do public health detailing to increase opt-out testing, repeat testing and bio-social screening where opt-out testing isn't feasible.
- Implement HIV testing in select pharmacies with expanded hours and more availability in high incidence zip codes.
- Maintain HIV self-testing programs in the EMA.
- Maintain no cost HIV testing.
- Maintain the Philly Keep on Loving (PKOL) website for information on HIV testing.
- Launch HIV testing media campaigns to de-stigmatize HIV testing.

Prevent

- Established an nPEP Center of Excellence in Philadelphia to offer 24/7 access to NPEP.
- Established a TelePrEP program on the PKOL website.
- Clinical advisor to do public health detailing for PrEP provision.
- Launch PKOL and TelePrEP media campaigns to de-stigmatize PrEP.
- Collaborate with key stakeholders to make PrEP and PEP more accessible and available.

DIAGNOSE

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Diagnose all people with HIV as early as possible

Goal 1: Diagnose 95% of persons living with HIV by 2026.

Objective 1

Promote routine opt-out HIV screenings and diagnostic testing in at least 50 healthcare and other institutional settings.

Key activities and strategies

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| 1.1 | Expand opt-out testing in PDPH AACO funded emergency departments. |
| 1.2 | Continue opt-out testing in the Philadelphia Department of Prisons. |
| 1.3 | Increase efforts to educate medical providers about conducting opt-out HIV testing. |
| 1.4 | Educate clinical providers on bio-social HIV screening in clinical settings where opt out testing is not achievable. |
| 1.5 | Promote opt-out HIV testing for all PDPH AACO funded providers |

Objective 2

Maintain HIV testing services in non-clinical settings using rapid point of care testing or 4th generation laboratory testing (where applicable).

Key activities and strategies

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| 2.1 | Increase status-neutral testing in priority populations. |
| 2.2 | Support HIV self-testing through a telehealth program. |
| 2.3 | Build capacity for non-clinical HIV testing. |

Objective 3**Implement novel HIV testing initiatives.****Key activities
and strategies****3.1**

Implement routine opt-out testing at intake to substance use treatment facilities.

3.2

Promote testing in primary care settings.

3.3

Implement testing in pharmacies in priority Zip Codes.

3.4

Support capacity building in novel settings.

Goal 2: Eliminate disparities in non-clinical HIV testing.

Objective 1	Increase the number of partners to address syndemics to reduce new HIV diagnoses.	
Key activities and strategies	1.1	Implement HIV/Viral Hepatitis Service Integration.
	1.2	Collaborate with substance use facilities.
	1.3	Work with the Pennsylvania and New Jersey Departments of Health to address interrelated factors exacerbating HIV.
Objective 2	Enhance health equity efforts through policy and process improvements.	
Key activities and strategies	2.1	Implement and coordinate health equity efforts with the Pennsylvania and New Jersey Departments of Health.
	2.2	Extend current health equity efforts to PDPH AACO funded prevention providers.
Objective 3	Evaluate HIV testing programs to address disparities in priority populations on an annual basis.	
Key activities and strategies	3.1	Use public health data to identify disparities in non-clinical HIV diagnoses.
	3.2	Provide feedback to funded providers.
	3.3	Implement CQI processes to address disparities.

Partners	Philadelphia Office of HIV Planning, PDPH Division of Disease Control, RW funded clinical providers, health care facilities, community-based providers, Philadelphia County Prison Health Services, non-clinical testing sites, hospital emergency departments, sexual wellness clinics, Pennsylvania and New Jersey Departments of Health.
Potential funding sources	CDC HIV Prevention and Surveillance Prevention Cooperative Agreement, Pennsylvania Department of Health, City of Philadelphia General Revenue, Medicaid, and other public and private funding sources.
Estimated funding allocation	\$11,790,060
Outcome	Diagnose 95% of Persons with HIV and link 95% newly diagnosed individuals to HIV medical care within 96 hours of diagnosis

Monitoring data source	Philadelphia EMR data, Pennsylvania and New Jersey Departments of Health public health data, and EvaluationWeb.
Expected impact on the HIV Care Continuum (HCC) and the Philadelphia EHE Initiative (EHE)	Increase the number of people who know their HIV status to 95% and linked to medical care within 96 hours.

PREVENT



Prevent new transmissions by using proven interventions

Prevent Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%.

Objective 1	50% of people with a PrEP indication will be prescribed PrEP.	
Key activities and strategies	1.1	Expand current network of low-threshold sexual wellness clinics to provide HIV, STI and HCV testing, PrEP, PEP, and linkage to HIV, STI and HCV treatment in Philadelphia.
	1.2	Expand PrEP access and provider capacity through low-threshold implementation models, e.g., same-day PrEP, telePrEP, nurse-extended PrEP, pharmacy-administered PrEP, and PrEP in drug treatment centers and behavioral health programs.
	1.3	Pursue new PrEP partnerships with the Pennsylvania and New Jersey Departments of Health.
	1.4	Expand financial support for PrEP-related routine laboratory work, through provider and home collected specimens, and adherence services.
	1.5	Continue to provide ongoing technical assistance for the implementation of PrEP.
	1.6	Expand PDPH AACO's capacity to evaluate PrEP uptake.
	1.7	Increase knowledge of PrEP among most impacted populations through communications and outreach.
	1.8	Increase number of providers trained to prescribe PrEP.
	1.9	Develop collaborations with providers to expand PrEP screening to people who inject drugs.
	1.10	Support research into expanding PrEP access and uptake among underserved populations.
	1.11	Collaborate with the Pennsylvania Department of Health Data-to-PrEP Initiative.
	1.12	Increase uptake of ART as a method of prevention (U=U).

Objective 2

Ensure access to nonoccupational post-exposure prophylaxis (nPEP or PEP).

Key activities and strategies

2.1

Establish a centralized mechanism to distribute PEP through a PEP Center of Excellence.

2.2

Establish new PEP partnerships with the Pennsylvania and New Jersey Departments of Health.

2.3

Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources.

Objective 3	Support perinatal HIV prevention services for pregnant individuals.	
Key activities and strategies	3.1	Provide specialized case management for pregnant persons living with HIV.
	3.2	Develop PrEP navigation support for pregnant HIV-negative women at risk of HIV acquisition.
	3.3	Conduct case surveillance for women with diagnosed HIV infection and their infants.
	3.4	Conduct perinatal HIV exposure reporting.

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

Objective 1	Expand access to harm reduction supplies through novel approaches.	
Key activities and strategies	1.1	Implement harm reduction vending machines intervention at pilot sites.
	1.2	Ensure the availability of syringes at pharmacies by maintaining the Pennsylvania Department of Health’s standing order.
	1.3	Provide organizational development and capacity building to expand local partnerships and establish new organizations providing SSP services and new locations of service based on need and HIV public health data.
	1.4	Expand capacity for syringe service programs to distribute and collect syringes RWHAP-funded clinical sites.
	1.5	Pursue the expansion of distributing syringes and other harm reduction supplies in Emergency Departments and urgent care sites.
	1.6	Engage with community members and stakeholders in program development and planning of harm reduction services through novel approaches to assure that it meets the needs of people who use drugs and avoids duplication of services.

Objective 2

Expand access to syringe service programs.

Key activities and strategies

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| 2.1 | Enhance linkage to substance use disorder treatment in SSPs. |
| 2.2 | Implement quality improvement plans as needed. |
| 2.3 | Provide more equitable SSP services geographically in Philadelphia. |
| 2.4 | Advocate for implementation of SSPs in the counties in the jurisdiction outside of Philadelphia and in New Jersey counties in the EMA. |

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

Objective 1 **Monitor local disparities along the status-neutral HIV Continuum.**

Key activities and strategies	1.1	Continue reporting data by demographics and risk groups in the PDPH AACO HIV Surveillance Report.
	1.2	Maintain bi-annual update of the EHE dashboard, which includes HIV care metrics by demographics and risk groups.
	1.3	Measure MSM/TSM perspectives on HIV testing and PrEP access to monitor disparities in access to testing/PrEP among these groups.

Objective 2 **Reduce HIV-related disparities in new diagnoses among priority populations.**

Key activities and strategies	2.1	Expand new PrEP clinical-community partnerships to engage focus populations.
	2.2	Continue City-wide distribution of free condoms, including in high schools, locations accessed by youth, and syringe service programs.
	2.3	Expand capacity for HIV prevention workforce to provide primary HIV-related education.
	2.4	Expand promotion and distribution of community-specific sexual wellness and harm reduction information and supplies through innovative approaches.

Objective 3	Increase and support health promotion activities for HIV prevention in the communities where HIV is most heavily concentrated.	
Key activities and strategies	3.1	Continue the distribution of condoms in the jurisdiction.
	3.2	Support media campaigns that advance HIV prevention and health promotion behaviors.
	3.3	Encourage the provision of trauma-informed services that provide affirming and culturally competent care for transgender women, women of color, MSM of color, PWID, and people experiencing homelessness.
Partners	PDPH Division of Disease Control, PDPH Division of Substance Use Prevention and Harm Reduction, Pennsylvania and New Jersey Departments of Health, RW-funded clinical providers, health care facilities, community-based organizations, and established SSP programs.	
Potential funding sources	CDC HIV Prevention and Surveillance Prevention Cooperative Agreement, Pennsylvania Department of Health, City of Philadelphia General Revenue, Medicaid, and other public and private funding sources.	
Estimated funding allocation	\$ 12,800,184	
Outcomes	<p>Increase the proportion of persons on PrEP, in priority populations who have an indication for PrEP to:</p> <ul style="list-style-type: none"> ▪ 75% of cis-gender women who inject drugs will be on PrEP 	

	<ul style="list-style-type: none">▪ 50% of transgender individuals and men who have men and MSM (13-24 years of age) will be on PrEP▪ 50% of MSM (18-24 years of age) will be on PrEP▪ 50% of PWID will be on PrEP▪ 25% of MSM (13-17 years of age) will be on PrEP
Monitoring data source	Philadelphia Department of Public Health data and EvaluationWeb.
Expected impact on the HIV Care Continuum (HCC) and the Philadelphia EHE Initiative (EHE)	<p>Increase to 50% the number of people with a PrEP indication who are prescribed PrEP. (EHE)</p> <p>Decrease by 50% the number of PWID who report sharing syringes. (EHE)</p>

