

Draft Goals and Objectives for the Integrated Plan 2027 - 2031

Presentation to the Philadelphia HIV Integrated Planning Council

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Department of
Public Health

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Background

- d 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
- Guidance 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

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

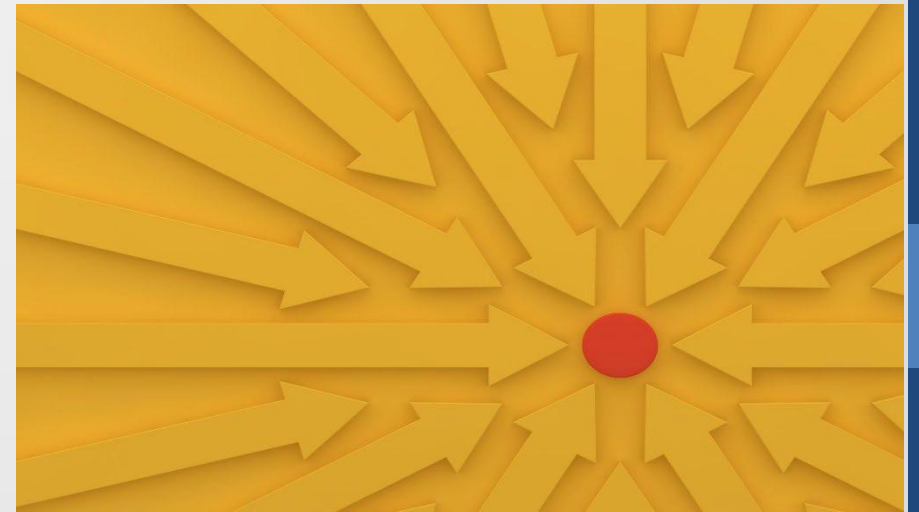


Sections to Be

#	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

2027 -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



Diagnosis – Draft Goals

1. Diagnose all people with HIV as early as possible.
To diagnose 98% of persons with HIV by 2031.

DIAGNOSIS

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

To diagnose 98% of persons with HIV by 2031.

Objectives

- Identify and provide technical assistance to at least 50 priority healthcare and other institutional settings on implementation of routine opt-out HIV screening and diagnostic testing by 2031.
- Increase HIV testing through community-based programs by 25% by 2031.
- Implement 1 to 2 novel HIV testing initiatives, by 2031.

Treatment – Draft Goals

1. By 2031, 98% of people with HIV will be virally suppressed.
2. Re-engage 95% of people with HIV who are out of care in HIV medical care by 2031.
3. By 2031, increase access to HIV care to meet the 98% viral suppression goal in priority populations.

TREAT

Goal 1: By 2031, 98% of people with HIV will be virally suppressed

Objectives

- Increase uptake of iART among eligible persons newly diagnosed with HIV to 98% by 2031.
- Re-engage 95% of PLWH out of care in HIV medical care by 2031.
- Further assess the needs of people aging with HIV, including long-term survivors and more recently diagnosed PLWH over 50 by the end 2027; Identify and implement 1 to 2 strategies to support identified needs by 2031.

TREAT

Goal 2: By 2031, increase engagement in HIV medical care to 95% among people with diagnosed HIV

Objectives

- By 2031, address social and structural influencers of health to improve access and engagement in HIV medical care to 95%, through the provision of behavioral health care, housing, and supportive services.
- Maintain and update public-facing information on the availability of HIV treatment and supportive services for people with HIV by 1) updating website content at least biannually, 2) distributing updated print materials at least annually, and 3) operating a telephone warmline, through 2031.

Prevent – Draft Goals

1. Prevent new HIV transmissions by using proven biomedical interventions
2. Increase the number of access points for evidence-based harm reduction services.
3. Increase access to HIV-related prevention services in priority populations.

PREVENT

Goal 1: Use biomedical prevention strategies to reduce new HIV diagnoses by 90% by 2031

Objectives

- By 2031, 75% of people with a PrEP indication will be prescribed PrEP.
- Maintain 24/7 access to nonoccupational post-exposure prophylaxis (nPEP) for all those that need it through 2031.
- Continue Perinatal Prevention Services for at least 75% of pregnant women with HIV annually through 2031.

PREVENT

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

Objectives

- By 2031, expand by 25% access and availability to harm reduction supplies through novel approaches.
- By 2031, expand access to harm reduction initiatives at 5 to 10 new locations.

PREVENT

Goal 3: By 2031, increase access to HIV-related prevention services in priority populations

Objectives

- Monitor access to 100% of funded HIV prevention services along the status-neutral continuum quarterly through 2031.
- By 2031, improve access to HIV prevention services among priority populations by working with an additional 50 community prevention partners.
- Continue to support health promotion activities and virtual linkage to HIV prevention in the communities most impacted by HIV through the distribution of public health supplies, media campaigns, social media, and community events through 2031.

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

Objectives

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

RESPOND

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

Objectives

- Continue to expand data sharing with the Pennsylvania Department of Health through 2031.
- Implement a data sharing agreement with the New Jersey Department of Health by 2031.

Cross-Cutting Pillar – Draft Goals

1. Increase access points for HIV prevention, care and supportive services for priority populations to achieve Diagnose, Treat, Prevent, and Respond goals.
2. Strengthen the capacity of health department staff and HIV prevention and care providers by delivering targeted technical assistance and workforce development initiatives
3. Conduct continuous quality improvement and evaluations

CROSS-CUTTING

Goal 1: Reduce gaps in HIV prevention and care to improve health outcomes for all people at risk for exposure or living with HIV.

Objectives

- By 2031, reduce the absolute difference in key HIV prevention and care outcomes between the highest- and lowest-performing population groups to no more than 5 percentage points.

CROSS-CUTTING

Goal 2: Strengthen the capacity of health department staff and HIV prevention and care providers by delivering targeted technical assistance and workforce development initiatives

Objectives

- By 2031, provide targeted technical assistance to at least 90% of funded HIV prevention and care providers, with 80% of participating providers demonstrating documented improvement within 12 months.
- By 2031, ensure that 100% of Health Department program staff complete at least 1 competency-based professional development activity annually.
- BY 2031, deliver at least 4 structured training or learning collaborative opportunities annually for HIV prevention and care providers.

CROSS-CUTTING

Goal 4: Continue to conduct continuous quality improvement (CQI) and evaluation

Objectives

- 100% of subrecipients funded for Outpatient/Ambulatory Health Services, Medical Case Management, and/or community-based testing services will initiate and complete at least 1 CQI project annually related to improving performance on a clinical outcome metric with the support of DHH Quality Specialists.
- Conduct annual program- and systems-level evaluation by collecting, analyzing, and disseminating defined outcome metrics on a standardized timeframe as detailed in the Regional Quality Management Plan.

HIPC Participation

What	When	Status
Meeting 1: Planning Overview and Q&A	September 11, 2025	
Meeting 2: Review of Goals and Objectives	February 12, 2026	Today's presentation
Feedback	April 12, 2026	Pending
Meeting 3: Concurrence	May 14, 2026	Scheduled

