

The Integrated HIV Prevention and Care Plan (IHPCP)

And
the HIV Planning Group (HPG)

March 13, 2025
Cheryl Henne
Division of HIV Health



Integrated HIV Prevention & Care Plan

What is the IHPCP?

- **The Centers for Disease Control and Prevention (CDC) provides federal grant funding for HIV Prevention services, and the Health Resources Services Administration (HRSA) provides federal grant funding for HIV care services. Both federal funders require the development and implementation of an integrated strategic plan.**
- **The Integrated Plan Guidance, provided by the federal funders, intends to accelerate progress towards meeting national goals while allowing each jurisdiction to design a HIV services delivery system that reflects local vision, values, and needs.**
- **Developing an integrated plan is designed to reduce grant recipient burden and duplicative planning efforts, promote collaboration and coordination around data analysis to result in one integrated HIV plan to lead the implementation of both HIV prevention and care services.**



What is the IHPCP?

- Provides information to specifically describe the status of HIV within the jurisdiction, including an epidemiological profile, which defines the state of HIV within the jurisdiction in terms of who it is impacting, where it is impacting, how/through what means it is impacting, and potentially the barriers to addressing the impact.
- Includes an assessment of the HIV services being delivered and the capacity to address the findings determined in the epidemiological profile.
- The IHPCP describes how the jurisdiction will address HIV in response to its epidemiological profile and assessment(s).
- Another requirement is for the IHPCP to align with the National HIV/AIDS Strategy (NHAS) as well as the Ending the HIV Epidemic (EHE) initiative.



What is the NHAS?

- **Developed by the White House Office of National AIDS Policy (ONAP) in collaboration with federal partners and input from the HIV community.**
- **First strategy was released in 2010 by the Obama administration, and each administration since has released their version of the plan.**
- **The current Strategy was implemented in 2021 by the previous administration and remains in effect until the current administration updates/revises it.**
- **The Strategy sets forth bold targets for ending the HIV epidemic in the United States by 2030, including a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030.**



What is the NHAS? (continued)

- **Three main goals:**
 - **Reduce the number of new HIV infections.**
 - **Improve health outcomes for people living with HIV.**
 - **Reduce HIV related health disparities.**
- **The NHAS aims to coordinate HIV programs across the federal government and between federal, state, and local governments by setting the course with a roadmap for all sectors of society to guide the development of policies, services, programs, initiatives, and other actions to achieve the nation's goal of ending the HIV epidemic by 2030.**



What is the EHE?

- **The leading component of the work by US Department of Health and Human Services' (HHS); in collaboration with local, state, tribal, federal, and community partners to align with, and achieve the goals of the NHAS.**
- **The EHE focuses on four strategies, called “pillars” in the pursuit of accomplishing those goals. They are: Diagnose, Treat, Prevent, Respond.**
- **Dedicated funding was distributed to 57 geographic focus areas in 26 states, Washington DC, and Puerto Rico. While the state of Pennsylvania did not directly receive dedicated funding, the Philadelphia Health Department did.**
- **The EHE was designed to roll out in phases. An initial phase for plan development and capacity building for those jurisdictions receiving awards, and then the implementation phase of the plan.**
- **While not specifically funded or required, the collaboration between “Non-EHE” jurisdictions and those awarded funds is a contributing factor to any overall success of the EHE.**



Division of HIV Health's IHPCP

- **A five-year plan, developed over the course of about two years, and is reflective of the mission of the Division in addressing HIV through all aspects of its HIV Prevention and Care service delivery.**
- **It is the road map for all activities and initiatives and how they correlate to the goal of addressing Pennsylvania's specific needs as identified in the Epidemiological profile and assessment process, in ending the HIV epidemic; ultimately correlating with the goals of the EHE and the NHAS.**
- **It is developed in alignment with the federal EHE Initiative's "pillars" to clearly identify the key focus approaches to the Division's work in addressing HIV. Those pillars are PREVENT, DIAGNOSE, TREAT, RESPOND.**
- **As reflected in the current plan, the Division and HPG have also collectively identified a state specific "Support" pillar as a means of accomplishing and supporting the other pillars.**
- **All activities for development are accomplished with some level of HPG involvement.**



Role of the HIV Planning Group

The HIV Planning Group (HPG) is the official community advisory body to the Division of HIV Health.

As members of the HPG, your purpose is to provide insight, through your collective experiences, regarding the services provided, or not provided by the Division. You, as a member, bring a perspective to the table that has been identified and specifically chosen, and it is imperative that you represent your affiliation as well as help keep your affiliation informed.

Purpose:

- To help create, monitor and improve the Integrated HIV Prevention and Care Plan, which directs all HIV-related activities in Pennsylvania funded through federal grants.**
- To advise the Division in its work, and the community to the work of the Division. As an HPG member, you are an information conduit.**
- To engage impacted communities around Pennsylvania in HIV Planning.**



Plan Development

Assessment Process

- **Assessments are vital component as means of information gathering in the plan development process.**
- **The Division utilizes the services of the University of Pittsburgh HIV Prevention and Care Project (HPCP) to complete the statewide assessment activities necessary for the plan development.**
- **Additionally, the HPCP team conducts various stakeholder engagement activities. This provides another opportunity for members of the community to provide/share their experiences, observations, and/or concerns with the current plan or HIV services in general.**



Plan Development

Priority Setting

- **An activity required by the Ryan White Part B grant, and it is specific to care services.**
- **The activity is led by the HPCP to gather information through a component of the stakeholder engagement process.**
- **The information gathered is provided to the HPG, and then with that information and their own respective representation experience, the HPG collectively prioritizes the services provided through the Care Section.**
- **The results of this activity are then utilized to inform/advise the IHPCP activities, and the Division's resource allocation process.**
- **This activity is for the purpose of making recommendations/advising the Division and the planning process. It is not a mandate.**



Plan Development, continued

Writing the Plan

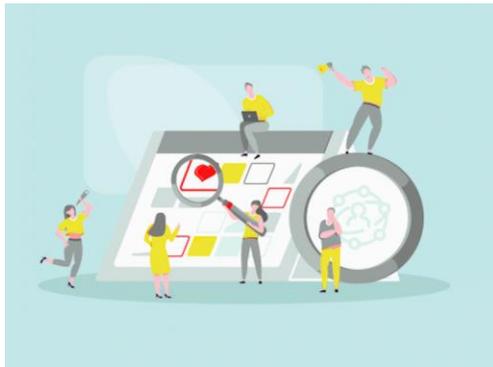
- **The Division, while ultimately responsible for the plan, works in correlation with the HPCP team to draft various sections of the plan.**
- **Some sections are also written by relevant contributors or subject matter experts, to address the required components of the plan.**
- **The core of the IHPCP is a detailed workplan describing all strategies of the Division with the associated activities listed as “SMART” goals, meaning they are Specific, Measurable, Achievable, Relevant, Time-bound, and aligned with the pillars of the EHE and the Division specific pillar.**



Plan Development, Review and Approvals

Writing the Plan

- As they are drafted, all components of the plan are provided to the HPG for their review and comment.
- Those comments are a valued and important aspect of the process and utilized as appropriate to finalize the plan.
- As Pennsylvania also has a Part A, and several Part C and D providers within its jurisdiction, efforts are to be made to ensure collaboration in the development and implementation of the plan.
- It is a specific federal requirement to include a Letter of Consensus from the Part A at the time the plan is submitted to the federal funders.



Finalizing the Plan

- The plan also undergoes an internal review in the Department of Health prior to being submitted to the federal funders and released publicly.
- Each Program area submits the plan to their respective funder. Prevention submits to the CDC, and Care submits to HRSA.
- The federal funders complete an initial and then a joint review of the plan and inform the Division of any unmet requirements if any are identified.
- Should a deficiency be noted, the Division must provide a remedy to remain compliant with grant awards.
- They also provide comments and feedback, as to positive traits or potential improvements to the plan for future consideration.
- The results of the joint federal review are shared with the HPG to assist in monitoring the plan and making recommendations for future revisions/updates to the plan through the course of its “life.”



Monitoring of the IHPCP

- **Once the IHPCP is written and implemented, the monitoring process begins. The HPCP plays a key role in supporting the HPG, as well as the subcommittees and workgroups through that process. Various activities and presentations throughout the year provide the opportunity to review status updates, data, and reports from the Division and associated partners.**
- **The HPCP team compiles any recommendations for updates, or for inclusion in the subsequent plan. These recommendations are periodically finalized and approved by the HPG to be submitted to the Division for consideration in updating the plan.**
- **This is a continuous process, and one for which the HPG holds an important role. It may be through identifying potential updates deemed necessary to the plan, or ultimately informing the development of the subsequent plan, which begins approximately halfway through the implementation of the current plan.**



Current IHPCP & Future Planning

- **The current IHPCP is effective to 2027, and development of the next plan is currently in the early stages. The Division and the HPCP team look forward to working with the members of the HPG in that process.**

