

Appendix A: Workplan

Ending the HIV Epidemic Pillar: Prevent

Goal: Reduce new HIV transmissions by increasing PrEP and PEP services and supporting HIV prevention including, condom distribution, perinatal transmission prevention and harm reduction services.

Prevent | Strategy 1A: Implement status neutral navigation and linkage services, for HIV prevention, across the Commonwealth.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
1	Implement the Status Neutral Navigation and Linkage Program (SNNLP) to prevent HIV acquisition and assist in retention in care.	Emphasize high-quality care regardless of whether the services are for HIV treatment or prevention.	–	In 2025: <ul style="list-style-type: none"> • 16 provider agencies were trained in SNNLP. • 374 individuals participated in SNNLP. 	Maintain or increase the number of provider agencies trained each year. Increase in the number of individuals participating in SNNLP each year.

Stakeholder Priority Topics & Data Informing this Strategy:

Ancillary Services & Addressing Barriers; Prevention; Capacity Building Needs Assessment Survey; Epidemiological Data

Prevent | Strategy 1B: Support and expand PrEP and PEP services.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
2	Support initiation of PrEP for uninsured individuals with laboratory services and provider visits through contracts or agreements with the Division.	PrEP uptake.	<ul style="list-style-type: none"> • Participating Provider Agreements (PPAs) • County Municipal Health Departments (CMHDs) 	In 2025, 1,362 uninsured individuals received PrEP services.	Increase in the number of uninsured individuals initiating PrEP services.
3	Promote and increase access to new PrEP medications as they become available.	PrEP knowledge.	<ul style="list-style-type: none"> • PrEP Providers • Drug Companies 	N/A	Review new medications within 30 days of availability for promotion among PrEP providers.
4	Ensure referrals or linkage to and retention in PrEP services for clients by HIV testing providers.	PrEP uptake.	<ul style="list-style-type: none"> • CMHDs • Testing Providers • PPAs 	In 2025, 826 referrals were made to PrEP through HIV testing services out of 2,272 testing encounters.	100% of individuals at risk for acquiring HIV are referred to PrEP through HIV testing services.

5	Support initiation of PEP for uninsured individuals with laboratory services and provider visits.	PEP uptake.	<ul style="list-style-type: none"> • CMHDs • Testing Providers • PPAs 	In 2025, no uninsured individuals received PEP services.	Number of uninsured individuals initiating PEP services.
6	Assess and address gaps in the provision of PEP, including a focused campaign for service providers.	Capacity, education, and resource support for PEP providers.	<ul style="list-style-type: none"> • PEP Providers 	N/A	<p>Successful development and implementation of assessment, including plans to address gaps, if identified.</p> <p>Development of a focused campaign to support PEP providers.</p>
7	Provide a referral and linkage to PrEP services for individuals diagnosed with five or more lifetime STDs.	Individuals being diagnosed with multiple STDs being aware of PrEP services and value.	<ul style="list-style-type: none"> • DOH STD Program 	<p>In 2025, under the STD Data-to-PrEP Initiative:</p> <ul style="list-style-type: none"> • 4,015 individuals with four or more lifetime STDs were identified for the initiative. • 594 (14.7%) were successfully linked to PrEP. 	<p>Number of individuals identified for the initiative annually.</p> <p>Number of individuals successfully engaged (contacted) annually.</p> <p>Number of individuals referred to PrEP annually.</p> <p>Annual increase in the percentage of successful engagements linked to PrEP.</p>

Stakeholder Priority Topics & Data Informing this Strategy: Ancillary Services & Addressing Barriers; Prevention; Comorbidities; Support Providers; Support HIV Awareness and Education; Contract Laboratory and Provider Reporting; Epidemiological Data; STD Data

Prevent | Strategy 1C: Continue to implement a condom distribution program.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
8	Maintain an inventory of condoms for distribution within communities disproportionately impacted by HIV.	Increase condom use/uptake.	<ul style="list-style-type: none"> • CMHDs • Testing Providers • Community Based Organizations 	In 2025, 499,392 condoms were distributed to providers serving priority populations.	<p>Total # of condoms distributed annually.</p> <p>Total # of providers receiving condoms for distribution annually.</p> <p>Review of recipient's condom distribution plans.</p>

9	Maintain County Municipal Health Department (CMHD) condom distribution programs.	Continued CMHD condoms distribution.	<ul style="list-style-type: none"> • CMHDs 	In 2025, CMHDs received 23,472 condoms from the Division.	<p>Number of condoms purchased annually by CMHDs.</p> <p>Number of condoms received from the Division annually.</p> <p>Annual review of all CMHD condom distribution policies.</p>
---	--	--------------------------------------	---	---	--

Stakeholder Priority Topics & Data Informing this Strategy: Prevention; Epidemiological Data

Prevent | Strategy 1D: Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
10	Support localized social media campaigns to educate and engage communities disproportionately impacted by HIV through contracts or agreements with the DOH. *When permitted and resources are available from funding agencies.	Awareness campaigns for HIV prevention, Viral Hepatitis, and STDs.	<ul style="list-style-type: none"> • Contract Agencies • Stakeholders with lived experience 	In 2025, 2 agencies implemented 2 social media campaigns.	<p>Annual number of agencies implementing social media campaigns.</p> <p>Annual number of individuals engaged through social media campaigns.</p>
11	Develop and distribute a toolkit to HIV providers focused on integrating Hepatitis testing and treatment into their settings, including client facing materials for education awareness.	Increased awareness of comorbidities.	<ul style="list-style-type: none"> • Bureau of Epidemiology • DOH Viral Hepatitis Program 	N/A	Completion and dissemination of toolkit.
12	Partner with the DOH Viral Hepatitis Program and the DOH STD Program in outreach efforts when building new working relationships with stakeholders.	Greater synchronicity of comorbidity testing and education services.	<ul style="list-style-type: none"> • DOH Field Services • DOH Viral Hepatitis Program • DOH STD Program 	In 2025, monthly meetings occurred with staff from the Division's prevention team, the Viral Hepatitis Program, and the STD Program.	Continue monthly meetings with Viral Hepatitis and STD Programs.

Stakeholder Priority Topics & Data Informing this Strategy: Ancillary Services & Addressing Barriers; Prevention; Support HIV Awareness and Education; Comorbidities; Support Providers; Epidemiological Data; Viral Hepatitis Data

Prevent | Strategy 1E: Support perinatal prevention services.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
13	Conduct site and telehealth/remote visits to birthing facilities to improve the disease reporting ability of local clinicians.	Improve perinatal disease reporting.	<ul style="list-style-type: none"> • Disease Intervention Specialists (DIS) • Birthing Facilities • Clinicians 	In 2024, site visits were conducted at a total of 24 providers.	Continue to increase the number of providers receiving site visit annually.
14	Conduct case surveillance for people who are pregnant and diagnosed with HIV and/or syphilis, and their infants after birth.	Improve perinatal diagnosis and outcomes.	<ul style="list-style-type: none"> • DOH HIV and STD Surveillance • Hospitals • Clinicians 	In 2024, case surveillance was conducted on 102 individuals identified who were pregnant and had a positive HIV diagnosis.	Complete case surveillance for 100% of people identified as pregnant and with a positive HIV diagnosis.
15	Conduct perinatal exposure reporting for HIV and congenital syphilis.	Quality of perinatal data.	<ul style="list-style-type: none"> • DOH HIV and STD Surveillance • Hospitals • Clinicians 	In 2024, of the potential perinatal exposures identified (8 total (2 HIV and 6 congenital syphilis) cases, 100% received perinatal exposure reporting.	Complete perinatal exposure reporting for 100% of identified HIV and congenital syphilis cases.
16	Maintain a client facing toolkit, which provides a timeline of services needed for perinatal health and prevention of HIV and related conditions.	Perinatal prevention resources.	<ul style="list-style-type: none"> • DOH Viral Hepatitis Program • DOH STD Program • Pa. Department of Drug and Alcohol Programs • Providers 	Toolkit launched in 2021.	Annual or as needed updates to toolkit. Provide toolkit to eligible providers as needed.

Stakeholder Priority Topics & Data Informing this Strategy: Perinatal Prevention; Prevention; Support Providers; System Navigation; Epidemiological Data; Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS)

Ending the HIV Epidemic Pillar: Diagnose

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

Diagnose | Strategy 2A: Continue and expand HIV testing.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
17	Increase the number of private providers conducting HIV testing.	<ul style="list-style-type: none"> Increased testing among providers who do not have PPAs. Reduce late-stage diagnoses. 	<ul style="list-style-type: none"> Private Testing Providers, including non-PPA urgent and primary care providers PA Expanded HIV Testing Initiative (PEHTI) MidAtlantic AIDS Education and Training Center (MAAETC) 	In 2025, 7 new providers were engaged to promote routine HIV testing by PEHTI.	Increase in the number providers engaged by PEHTI to promote routine HIV testing.
18	Provide/facilitate capacity building for clinical HIV testing.	Ongoing training for new and existing clinicians.	<ul style="list-style-type: none"> MAAETC Hospitals Clinicians 	In 2025, 10 clinicians participated in the HIV Testing in Clinical Settings training.	10% increase in the number of clinicians participating in the HIV Testing in Clinical Settings training.
19	Increase HIV testing within communities disproportionately impacted by HIV.	<ul style="list-style-type: none"> Increased testing among communities disproportionately impacted by HIV. Reduce late-stage diagnoses. 	<ul style="list-style-type: none"> HIV Testing Providers 	In 2025: <ul style="list-style-type: none"> 45,573 individuals were tested for HIV through a contracted provider. Of those tested, 55% were members of communities disproportionately impacted by HIV. 59% of individuals tested in a non-clinical setting were members of communities disproportionately impacted by HIV. 	Ensure at least 75% of persons tested for HIV meet the definition population disproportionately impacted by HIV.

20	Explore opportunities to support providers in distributing up to date information to clients on prevention and care resources, including testing sites.	<ul style="list-style-type: none"> • Maintaining and distributing up to date resources for clients. • Ensure outdated resources are not distributed to clients. 	–	N/A	Feasibility report and/or pilot results.
----	---	---	---	-----	--

Stakeholder Priority Topics & Data Informing this Strategy: Ancillary Services & Addressing Barriers; Support Providers; Epidemiological Data; PA-NEDSS

Diagnose | Strategy 2B: Continue novel HIV testing initiatives.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
21	Seek opportunities to incorporate Viral Hepatitis testing/education with routine HIV testing.	Hepatitis awareness & testing.	<ul style="list-style-type: none"> • DOH Viral Hepatitis Program 	N/A	Feasibility report and/or pilot results.
22	Continue to promote and fund HIV Self Testing (HST) activities and online promotion throughout the Commonwealth, in coordination with Philadelphia's self-testing program.	<ul style="list-style-type: none"> • HIV testing in private or home settings, including for rural communities and individuals experiencing stigma. • Reduce late-stage diagnoses. • Access to testing. 	<ul style="list-style-type: none"> • PEHTI • Philadelphia Department of Public Health 	837 HST orders placed were placed in 2025. This includes 67 orders that were referred to the Philadelphia Department of Public Health for fulfillment.	1,200 HST orders per year.
23	Promote and support HIV testing in non-clinical settings, including in bars, community centers, and other priority community spaces.	<ul style="list-style-type: none"> • Increase HIV testing in non-clinical settings. • Access to testing, HIV stigma. 	<ul style="list-style-type: none"> • PPAs • CMHDs • Community partners including: bars, community centers, Syringe Services Programs (SSPS), etc. 	2,920 HIV tests were conducted in non-clinical settings in 2025.	10% increase in testing in non-clinical settings.

Stakeholder Priority Topics & Data Informing this Strategy: Ancillary Services & Addressing Barriers; Support HIV Awareness and Education; Comorbidities; PA-NEDSS

Diagnose | Strategy 2C: Continue and enhance Partner Services (PS).

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
24	Distribute "Dear Provider" letters using Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS) data to identify providers that for the first time have diagnosed individuals with HIV.	Identify private providers that diagnosed individuals with HIV to support linking clients to care.	<ul style="list-style-type: none"> • HIV Testing Providers 	In 2025, 46 Dear Provider letters were sent to providers who diagnosed individuals with HIV.	<p>100% of new providers are sent a Dear Provider letter.</p> <p>Number of private providers that identify newly diagnosed individuals with HIV.</p> <p>Number of Dear Provider letters sent to identified providers.</p>
25	Implement partner elicitation among newly identified/diagnosed individuals with HIV as part of Partner Services (PS).	Increase the number of partners identified with an unknown HIV status.	<ul style="list-style-type: none"> • Division of Communicable Disease Field Services (DOH Field Services) • CMHDs • HIV Testing Providers 	86.4% of People Living with HIV (PLWH) newly diagnosed in 2025 interviewed for PS.	85% newly diagnosed or identified offered PS.
26	Refer named individuals identified through Partner Services (PS) activities for HIV testing.	Increase testing among partners of individuals diagnosed with HIV.	<ul style="list-style-type: none"> • DOH Field Services • CMHDs • HIV Testing Providers 	In 2025, 155 partners were elicited and 106 were referred to HIV testing.	100% of named partners with unknown status referred for HIV testing.
27	Conduct Partner Services (PS) with 100% of individuals newly diagnosed with HIV within 30 days of diagnosis.	Connect newly diagnosed individuals to PS.	<ul style="list-style-type: none"> • DOH Field Services • CMHDs • HIV Testing Providers 	In 2025, 70.2% of individuals newly diagnosed with HIV received Partner Services within 30 days of diagnosis.	95% of individuals newly diagnosed with HIV receive Partner Services within 30 days of diagnosis.

Stakeholder Priority Topics & Data Informing this Strategy:

Ancillary Services & Addressing Barriers; Support Providers; Support HIV Awareness and Education; PA-NEDSS

Ending the HIV Epidemic Pillar: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Treat | Strategy 3A: Engage People Living with HIV (PLWH) in care.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
28	Identify and reengage individuals with previously diagnosed HIV who are not currently in care.	Engage PLWH not in care or who have been lost to care.	<ul style="list-style-type: none"> Division's HIV Prevention Program DOH HIV Surveillance DOH Field Services 	In 2025 there were 31 individuals identified as not in care/lost to care through the D2C algorithm.	<p>Implement D2C Central Output Model to engage individuals statewide.</p> <p>Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV who are not in care to at least 85% of the individuals identified for D2C.</p> <p>100% of those individuals engaged for D2C reach viral suppression within 6-months.</p>
29	Explore opportunities to expand mental health services, including innovative ways to increase the number of available providers.	Expanded access to mental health services.	<ul style="list-style-type: none"> CQI Workgroup 	N/A	Develop best practices for engaging mental health providers.
30	Explore opportunities to provide insurance premium assistance through Special Pharmaceutical Benefits Program (SPBP).	<p>Expanded access to health insurance for PLWH.</p> <p>Maximize benefits while minimizing costs for SPBP.</p>	<ul style="list-style-type: none"> SPBP 	SPBP currently provides Medicare insurance premiums.	Report on potential opportunities to expand insurance premium assistance programs.

Stakeholder Priority Topics & Data Informing this Strategy: Comprehensive HIV Medical Care; Epidemiological Data

Treat | Strategy 3B: Continue and enhance the Ryan White Continuous Quality Improvement (CQI) Plan.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
31	Improve viral load suppression.	Improve viral load suppression.	<ul style="list-style-type: none"> • DOH Field Services • SPBP • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQI Plan for current baseline.	See current CQI Plan for current goal (updated quarterly).
32	Improve annual retention in support services as referenced in the CQI Plan.	Improve retention in RWPB support services, including: <ul style="list-style-type: none"> • Health Education/ Risk Reduction • Food Bank/Home Delivered Meals • Medical Transportation • Non-Medical Case Management 	<ul style="list-style-type: none"> • DOH Field Services • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQI Plan for current baseline.	See current CQI Plan for current goal (updated quarterly).
33	Annual retention in core services as referenced in the CQI Plan.	Improve retention in RWPB core services, including: <ul style="list-style-type: none"> • SPBP • Medical Case Management • Outpatient/ Ambulatory Health Services 	<ul style="list-style-type: none"> • DOH Field Services • Medical Case Managers • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQI Plan for current baseline.	See current CQI Plan for current goal (updated quarterly).

34	Improve linkage to RWPB services within 30 days of diagnosis.	Improve linkage to RW services.	<ul style="list-style-type: none"> • DOH Field Services • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQI Plan for current baseline.	See current CQI Plan for current goal (updated quarterly).
----	---	---------------------------------	---	--	--

Stakeholder Priority Topics & Data Informing this Strategy: Comprehensive HIV Medical Care; PA-NEDDS; CAREWare; SPBP Data; Epidemiological Data

Treat | Strategy 3C: Continue the Special Pharmaceutical Benefits Program (SPBP) Medication Adherence Program.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
35	Identify Special Pharmaceutical Benefits Program (SPBP) clients who need additional support to become adherent to HIV medication treatment regimens.	Improve adherence to medications.	<ul style="list-style-type: none"> • SPBP 	In 2025, X% of clients were non-adherent to HIV treatment medications in 2025 and need additional support.	Less than X% of clients are non-adherent to HIV treatment medications. *To be updated
36	Provide clinical consultation to clients and their providers to ensure optimal adherence with HIV medication treatment regimens.	SPBP client medication regimen non-adherence.	<ul style="list-style-type: none"> • SPBP • Medical Case Managers • SPBP Clients 	In 2025, X% of clients were successfully contacted for clinical consultation either directly or through their provider to address non-adherence to HIV treatment medications.	More than X% of non-adherent clients were successfully contacted for clinical consultation. *To be updated
37	Increase HIV viral suppression among Special Pharmaceutical Benefits Program (SPBP) clients.	Increase rates of viral suppression among SPBP clients.	<ul style="list-style-type: none"> • SPBP • Medical Case Managers • SPBP Clients 	In 2025, 94% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load test.	95% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load test.

Stakeholder Priority Topics & Data Informing this Strategy: Comprehensive HIV Medical Care; PA-NEDDS; CAREWare; SPBP Enrollee Data; ADAP Data Report

Treat | Strategy 3D: Enhance Special Pharmaceutical Benefits Program (SPBP) customer service.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
38	Maintain up to date Special Pharmaceutical Benefits Program (SPBP) customer service resources.	<ul style="list-style-type: none"> • Compile and maintain updated call standards to ensure consistency and efficacy in all calls addressed through the Customer Service Line (CSL). • Maintain an updated SPBP website, including addressing frequently asked questions for end users. 	<ul style="list-style-type: none"> • SPBP 	N/A	<p>Review the CSL call standards at least annually and update as needed.</p> <p>Review the SPBP website at least quarterly and update as needed.</p>

Stakeholder Priority Topics & Data Informing this Strategy: Comprehensive HIV Medical Care; System Navigation; Needs Assessments

Treat | Strategy 3E: Continue the Minority AIDS Initiative (MAI).

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
39	Re-engage People Living with HIV (PLWH) who are lost to care with treatment & access to medications.	Reengaging PLWH lost to care, including minority PLWH.	<ul style="list-style-type: none"> • MAI Recipients 	As of 2025, 76% of minority individuals receiving MAI outreach services linked to medical care (i.e., attended their first medical appointment after being identified as lost-to-care/high risk) within the fiscal grant year.	<p>80% of individuals who received Encounter Outreach Services will be linked to medical care within the measurement year.</p> <p>80% of individuals who received Referral Outreach Services will keep their first medical appointment within the measurement year.</p>

40	Increase the participation numbers of minority People Living with HIV (PLWH) populations in AIDS Drug Assistance Program (ADAP)/ Special Pharmaceutical Benefits Program (SPBP) and other medication assistance programs.	Increasing access to medication assistance for minority PLWH.	<ul style="list-style-type: none"> MAI Recipients 	Between 2024-2025, under the MAI program: <ul style="list-style-type: none"> 888 individuals received outreach 618 participated in education 114 (18%) enrolled in SPBP 	Annual increase in engagement among minority clients eligible for SPBP.
41	Track the demographics of Minority AIDS Initiative (MAI) grant recipient staff to assess if they reflect the communities being or to be served.	Improve the efficacy of the MAI program.	<ul style="list-style-type: none"> MAI Recipients 	N/A	Annual review of demographics.

Stakeholder Priority Topics & Data Informing this Strategy: Comprehensive HIV Medical Care; Epidemiological Data

Ending the HIV Epidemic Pillar: Respond

Goal: Monitor HIV incidence and respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Respond | Strategy 4A: Maintain the Pa. Cluster Detection and Response (CDR) Plan.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
42	Review and update the Cluster Detection and Response (CDR) Plan annually.	Maintain CDR readiness.	<ul style="list-style-type: none"> HIV Epidemiology HIV Prevention 	2024 CDR Plan.	Updated CDR Plan each year.
43	Conduct HIV time-space analyses and HIV molecular analyses.	Ensure early cluster detection.	<ul style="list-style-type: none"> HIV Epidemiology 	<p>In 2025, time-space analyses were conducted twice per month.</p> <p>In 2025, a molecular cluster analysis was performed at least once a month.</p>	<p>Time-space analyses are performed at least twice each month.</p> <p>Number of times molecular analysis is performed each month.</p>
44	Implement field response on all detected clusters.	Contain HIV transmission.	<ul style="list-style-type: none"> HIV Prevention 	In 2025, all detected clusters received immediate field response.	100% of detected clusters receive field response.

45	Develop a final report to summarize the activities of the Cluster Detection and Response (CDR) Plan for a determined outbreak once the outbreak has been contained and evaluated.	Maintain CDR readiness.	<ul style="list-style-type: none"> • DOH HIV Epidemiology 	N/A	100% of identified outbreaks have a written summary report within 6 months of being contained and closed.
46	Ensure that all County Municipal Health Departments (CMHDs) have a Cluster Detection and Response (CDR) plan as required by HIV prevention grants.	Maintain CDR readiness.	<ul style="list-style-type: none"> • CMHDs 	In 2025, 100% of CMHDs had a CDR plan.	Ensure CMHDs review and revise their CDR plan annually.
47	Maintain a high-level educational presentation on Cluster Detection and Response (CDR) activities, including an annual update to be delivered to the HPG and Regional Grantees.	Increase recognition and awareness of CDR, including its purpose and process.	<ul style="list-style-type: none"> • Division's HIV Prevention Program • Bureau of Epidemiology 	Presentation developed in 2024.	Annual or as needed updates and continued implementation of presentation.

Stakeholder Priority Topics & Data Informing this Strategy: Outbreak Response Plan; Epidemiological Monitoring

Respond | Strategy 4B: Continue and enhance HIV surveillance.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
48	Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and viral load results that will be used to determine linkage to care for persons newly diagnosed with HIV.	Accurate and timely HIV lab reporting.	<ul style="list-style-type: none"> • DOH HIV Surveillance • Disease Investigators 	Of all CD4 and viral load results entered in the Enhanced HIV/AIDS Reporting System (eHARS) during 2025, 89% were entered within 30 days after the specimen collection date.	Of all CD4 and viral load results entered in eHARS, at least 90% are entered within 30 days after the specimen collection date.
49	Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.	Ensuring secure data.	<ul style="list-style-type: none"> • DOH HIV Surveillance • DOH Information Technicians (IT) 	100% completion of annual security and confidentiality training by all disease investigators working with PA-NEDSS data in 2025.	100% completion of annual security and confidentiality training by all disease investigators working with PA-NEDSS data by January 1 of each reporting year.
50	Enhance geocoding and data linkage capacity to support understanding of how social determinants' influence risk for disease and continuum of care outcomes.	Accurate and timely geocoding and data linkage.	<ul style="list-style-type: none"> • DOH HIV Surveillance • Disease Investigators 	99.1% of newly diagnosed HIV and prevalence were geocoded in 2024.	At least 90% of newly diagnosed HIV and prevalence are geocoded.

51	Ensure timely reporting of HIV genetic sequences.	Accurate and complete HIV data and reporting.	<ul style="list-style-type: none"> • DOH HIV Surveillance • Infectious Disease Laboratories • DOH IT 	Of all HIV sequences entered in the Enhanced HIV/AIDS Reporting System (eHARS) during 2025, 88% were entered within 60 days after the date of specimen collection.	Of all HIV sequences entered in eHARS, at least 85% are entered within 60 days after the date of specimen collection.
52	Ensure complete reporting of HIV genetic sequence tests to DOH.	Ensure accuracy of cluster analyses.	<ul style="list-style-type: none"> • HIV Epidemiology 	In 2024, 6 of 7 known eligible labs reported HIV genetic sequence tests to DOH.	100% of known eligible labs report genetic sequence tests to DOH.

Stakeholder Priority Topics & Data Informing this Strategy: Comprehensive HIV Medical Care; Needs Assessments; Epidemiological Data

Respond | Strategy 4C: Facilitate monitoring by statewide stakeholder bodies.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
53	Convene and support the HIV Planning Group (HPG) to monitor and evaluate the progress of the Integrated HIV Prevention and Care Plan (IHPCP) narrative, data, and activities.	Stakeholder oversight of HIV and IHPCP activities.	<ul style="list-style-type: none"> • HPG • Community Stakeholders • PLWH 	The HPG held five meetings throughout 2025. They generated a summary of recommendations for the IHPCP and assessed progress on its activities.	The HPG will hold meetings at least quarterly throughout a calendar year and generate a yearly summary of recommendations for the IHPCP and an assessment of progress on its activities.
54	Maintain a dashboard to monitor and evaluate progress on Integrated HIV Prevention and Care Plan (IHPCP) goals.	HIV-related data communication and transparency.	<ul style="list-style-type: none"> • HPG • DOH IT 	Dashboard developed in 2022 and launched in 2023.	Maintain and update dashboard at least semi-annually.
55	Convene and support SPBP Advisory Council (SPBPAC) to review and update the SPBP formulary.	Stakeholder involvement in SPBP activities.	<ul style="list-style-type: none"> • SPBP • SPBPAC • Regional Grantees • Community Stakeholders • Providers • PLWH 	New medications were reviewed and either approved or denied for inclusion in the SPBP formulary quarterly in 2025.	New medications are to be reviewed and either approved or denied for inclusion in the SPBP formulary at least quarterly per calendar year.

Stakeholder Priority Topics & Data Informing this Strategy: Include Stakeholders; Increase Knowledge of Integrated HIV Prevention and Care Plan (IHPCP); Federal Guidance

Pennsylvania Pillar: Support

Goal: Promote collaborative efforts that address the full breadth of the HIV epidemic so that every Pennsylvanian will have unfettered access to high quality, life extending HIV care and prevention.

Support | Strategy 5A: Support entities funded through the Division’s Prevention and Care Programs.

#	Activity	Need/Gap/Barrier	Division’s Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
56	Review program guidance and standards at least once per year and update, as necessary.	Improve Prevention and Care Program resources, including: <ul style="list-style-type: none"> • Pa. RWPB Service Standards • Case Management Standards • Regional Grantee FAQ list • Additional program guidance 	<ul style="list-style-type: none"> • CQI Workgroup • Regional Grantees • PPAs • FQHCs • CMHDs • Providers 	SharePoint to distribute current documents for Regional Grantees implemented circa 2019.	Annual review of documents and updates as needed.
57	Support funding recipients in evaluating and providing services specific to their regional HIV prevention and care needs.	Identifying and addressing needs in specific regions of the Commonwealth.	<ul style="list-style-type: none"> • Regional Grantees • PPAs • FQHCs • CMHDs • Providers 	In 2025, 100% of Regional Grantees participated in: <ul style="list-style-type: none"> • Quarterly spending reviews • Quarterly service utilization reviews • Annual monitoring activities, including epidemiological reviews 	Conduct monitoring and review activities with all funding recipients, at least annually.
58	Hold quarterly meetings with Regional Grantees.	RWPB resources.	<ul style="list-style-type: none"> • Regional Grantees 	<ul style="list-style-type: none"> • In 2025, quarterly meetings with Regional Grantees were held. 	Initiating and sustaining quarterly meetings (each year).
59	Continue to support and monitor Participating Provider Agreements (PPAs) throughout the Commonwealth, including providing technical assistance, as needed.	Providers to partner in delivering HIV services.	<ul style="list-style-type: none"> • PPAs 	In 2025: <ul style="list-style-type: none"> • 100% of PPAs had site visits. • 100% of PPAs had performance measure reviews. 	<p>Conduct annual site visits for 100% of PPAs, including assessing technical assistance needs.</p> <p>Review performance measures for each PPA annually.</p>

60	Maintain an internal facing data dashboard depicting HIV metrics relative to the Division's work.	HIV-related data communication to inform the Division's planning and work.	<ul style="list-style-type: none"> • DOH HIV Surveillance • DOH IT 	Dashboard implemented in 2021.	At least quarterly updates to data.
61	Maintain a communications strategy for the ongoing distribution and awareness of the Integrated HIV Prevention and Care Plan (IHPCP).	Increased awareness of the Plan and its goals throughout the Commonwealth.	–	N/A	Include Plan language in Division materials, including reports, agendas, etc.
62	Explore current policies and procedures utilized by providers across the state to compile and develop best practices for the successful transition of incarcerated People Living with HIV (PLWH) back into the community, including (re)engagement to medical care.	Improved case management and provider resources for formerly incarcerated PLWH.	<ul style="list-style-type: none"> • CQI Workgroup 	N/A	Creation of a best practices and procedures resource.
63	Support collaboration on housing initiatives, including exploring new programs as funding is available.	Adequate and accessible housing for PLWH.	<ul style="list-style-type: none"> • HPG • RW Part A 	From 2024-2025, 33 individuals received support through the Philadelphia Transitional Housing Program.	Continuation of housing initiatives.

Stakeholder Priority Topics & Data Informing this Strategy:

Support Providers; Needs Assessments; Epidemiological Data; Provider Reporting; PA-NEDSS

Support | Strategy 5B: Support the HPG and SPBP Advisory Council.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
64	Ensure the HPG, as the body representing HIV Prevention and Care services stakeholders in Pa., meet and make recommendations to the Division on HIV-related issues, policies and procedures, as well as community needs and experiences.	<ul style="list-style-type: none"> • PLWH and stakeholder input for HIV planning. • Providing all information and resources necessary for the HPG to function (including training on confidentiality, Division operations). 	<ul style="list-style-type: none"> • HPG • PLWH • Community Stakeholders 	The HPG held five meetings throughout the 2025 calendar year.	The HPG will hold meetings at least quarterly throughout each calendar year.

65	Ensure reflective membership and diverse community engagement in the HPG and its planning processes.	<ul style="list-style-type: none"> • PLWH and stakeholder input in HIV planning. • Additional outreach to groups that are traditionally underrepresented on the HPG, including: <ul style="list-style-type: none"> - Rural stakeholders - Providers, including general practitioners - CMHDs 	<ul style="list-style-type: none"> • HPG • Regional Grantees • PLWH • Community Stakeholders 	A Stakeholder Engagement Plan was reviewed and implemented in 2025.	A Stakeholder Engagement Plan will be reviewed and approved by the HPG once per year.
66	Ensure that HPG meetings are inclusive of representation from relevant intersectional service agencies identified as Planning Partners.	Stakeholder input in HIV planning.	<ul style="list-style-type: none"> • HPG • Planning Partners (See Section II.C for full list of Planning Partners) 	As of 2026, the HPG has active partnerships with 11 of the 17 agencies identified for Planning Partner collaboration.	Recruit and maintain partnerships with 100% of intersectional Planning Partner agencies.
67	Facilitate relevant research and proposals, as identified by the HPG for improving opportunities and resources for People Living with HIV (PLWH).	<p>Research and analysis of topics including:</p> <ul style="list-style-type: none"> • Employment opportunities for PLWH • Adequate and accessible housing for PLWH • People aging with HIV • People experiencing long-term survivorship • PLWH with disabilities 	<ul style="list-style-type: none"> • HPG Steering Committee • Planning Partners 	<p>An Employment Workgroup was convened in 2019 and is currently receiving support from the Pa. Dept. of Labor and Industry.</p> <p>In 2022, the Assessment Subcommittee was renamed to the Intersectional and Innovation (I&I) Subcommittee. It focuses on emerging topics in HIV care and prevention.</p>	100% of HPG requests for information or support are addressed.
68	Ensure HPG identified priorities are continually re-evaluated and reflected in ongoing care and prevention activities.	Stakeholder feedback on current needs of PLWH.	<ul style="list-style-type: none"> • HPG 	Priorities identified during the Priority Setting Process	Assess priorities at least annually.
69	Ensure the SPBP Advisory Council, as representatives for Pa. RW ADAP stakeholders, advises the SPBP and the Division on the SPBP formulary and programmatic policies and procedures.	Stakeholder input in the SPBP Advisory Council.	<ul style="list-style-type: none"> • SPBP • SPBP Advisory Council 	Four meetings were held in 2025.	A minimum of four meetings will be held per calendar year.

70	Monitor proposed/pending state legislation and provide legislative assessments or analysis as requested on their potential impacts on People Living with HIV (PLWH) and communities at risk for HIV, including but not limited to issues such as HIV decriminalization, syringe service programs, aging, discrimination, employment, housing, poverty, and health care.	Accurate guidance on legislative activities that may affect communities impacted by HIV.	<ul style="list-style-type: none"> • HPG 	N/A	As applicable, report any relevant legislation that may impact the Plan or PLWH in Pa. to the HPG.
----	---	--	---	-----	--

Stakeholder Priority Topics & Data Informing this Strategy: Include Stakeholders; Support HIV Awareness and Education; Comorbidities; Prioritize Services; Federal Guidance

Support | Strategy 5C: Enhance Capacity Building (CB)/Technical Assistance (TA) Trainings.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
71	Offer a case management training curriculum that addresses emerging needs, including among aging, long-term survivor, and disabled populations.	Case management training resources.	<ul style="list-style-type: none"> • MAAETC 	In 2025, the case management curriculum was offered one time and included: <ul style="list-style-type: none"> • Aging HIV and Special Populations • Public Benefits and Disability 	Continuation of the case management curriculum.
72	Maintain a PowerPoint describing the Division's structure and purpose, including annual or as needed updates.	Internal Division resources.	–	Presentation developed in 2019.	Annual or as needed updates and continued implementation of presentation.
73	Conduct a bi-annual needs assessment of capacity building needs for Division staff and develop a plan to meet identified needs.	Internal Division capacity building training resources.	–	In 2025 an internal needs assessment for Division staff was conducted.	Successful development and implementation of assessment, including plan if warranted.
74	Conduct an annual needs assessment of capacity building needs for County Municipal Health Departments (CMHDs) and providers with Participating Provider Agreements (PPAs) and develop a plan to meet identified needs.	Capacity building training resources for prevention and care providers.	<ul style="list-style-type: none"> • CMHDs • PPAs • Prevention Providers 	In 2025 a capacity building needs assessment was conducted for CMHDs and providers with PPAs.	Successful development and implementation of assessment, including plan if warranted.

75	Develop and maintain annual training schedules based on capacity building needs assessments.	Capacity building training resources to support compliance and integration of evidence-based practices.	<ul style="list-style-type: none"> • MAAETC • Regional Grantees • Prevention and Care Providers 	Annual training schedules are developed and available online.	Successful development and implementation of training schedules.
----	--	---	--	---	--

Stakeholder Priority Topics & Data Informing this Strategy: Support Providers; Increase Knowledge of IHPCP; Capacity Building Needs Assessment

Support | Strategy 5D: Support the fiscal health of the Division’s Prevention and Care Programs.

#	Activity	Need/Gap/Barrier	Division’s Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
76	Provide routine reports to stakeholders to ensure awareness and transparency of the fiscal health of the program, including any cost-saving measures currently being employed.	Review of funding, rebate, and expenditure reports for stakeholders, including: <ul style="list-style-type: none"> • SPBPAC • Regional Grantees • HPG 	–	N/A	Presentation of reports at stakeholder meetings, as updates are available and appropriate.
77	As appropriate, apply for available supplemental/emergency funding to help maximize service delivery and reduce the need for cost containment measures.	Adequate funding to support prevention and care programs.	–	N/A	Timely submission of applications for additional funding, as needed and available.
78	Review Ryan White and Special Pharmaceutical Benefits Program (SPBP) drug claims/expenditure reports against funding/rebates received and trending reports to (re)assess determinations for eligibility, drug formulary changes, and administrative activities/functions.	Ensure the provision of critical services to the greatest number of PLWH in need as possible.	–	N/A	Continuous review of financial reports.

Stakeholder Priority Topics & Data Informing this Strategy: Increase Knowledge of IHPCP; Prioritize Services; Financial Data