



Integrated HIV Prevention and Care Plan Guidance: Component by component

Transcript

This video was created by the HIV/AIDS Planning Technical Assistance Center or IHAP TAC and funded by the HRSA HIV/AIDS Bureau.

Integrated HIV Prevention and Care Plan Guidance: Component by component.

On December 10, 2024, Centers for Disease Control and Prevention – Division of HIV Prevention, also known as CDC DHP, and the Health Resources and Services Administration HIV/AIDS Bureau, otherwise known as HRSA HAB, released the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need for Calendar Years 2027 through 2031.

This Guidance outlines the planning requirements for Ryan White HIV/AIDS Program Parts A and B recipients and all CDC DHP-funded state and local health departments. The submission of an Integrated HIV Prevention and Care Plan meets HRSA and CDC legislative and program requirements, and serves as a jurisdictional HIV strategy guiding all HIV-related resources for the jurisdiction. In the previous video, we covered the basics of how the guidance supports jurisdictions in meeting HIV prevention and care activities, goals, and expectations set forth in the guidance along with a summary of what's new in this most current version.

In this video, we provide an overview of the seven main sections that jurisdictions need to include in their Integrated HIV Prevention and Care Plan to meet guidance requirements.

Section 1 - Introduction of the Integrated Plan and the Statewide Coordinated Statement of Need. Here, jurisdictions provide an overview of the Integrated Plan, the approach used to develop the plan, and what documents they submitted to meet requirements.

Section 2 - Community Engagement and Planning Process. This section should describe how the jurisdiction approached the planning process, engaged community members and partners, and fulfilled legislative and programmatic requirements.

Section 3 - Contributing Data Sets and Assessments. Founded in data, this section should describe the HIV epidemic in the jurisdiction; client service needs related to HIV prevention, care, and treatment; access barriers; and service delivery system gaps. Specifically, this section should include three components:

1. An Epidemiologic Snapshot, which is a summary of the demographic factors influencing health, geographic, behavioral, and clinical characteristics of people with HIV and people who could benefit from HIV prevention in the jurisdiction.
2. An HIV Prevention, Care and Treatment Resource Inventory, which includes all HIV



- prevention and care provider information, funding sources, and provided services, and
3. A Needs Assessment or other activities used to inform the jurisdiction's Integrated Plan goals and objectives.

Section 4 - Situational Analysis. In this section, jurisdictions should summarize the strengths, challenges, and needs. The Situational Analysis synthesizes information from Sections 2 and 3 and lays the foundation for the goals, objectives, and strategies detailed in Section 5.

Section 5 describes the jurisdictions' HIV prevention and care goals and objectives for 2027 through 2031 and should reflect strategies that ensure a comprehensive, coordinated approach for all HIV prevention and care funding.

Section 6 - Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up. This section details how jurisdictions will implement, monitor, evaluate, report on, and disseminate their Integrated Plan following submission.

And finally, Section 7 - Letters of Concurrence. An Integrated Plan must include letters of concurrence from each planning body involved in Integrated Plan development, indicating concurrence, concurrence with reservations, or non-concurrence.

An Integrated Plan must include all seven sections to be considered complete.

If you need technical assistance with the development, implementation, or monitoring of your integrated plan, please contact the Integrated HIV/AIDS Planning Technical Assistance Center otherwise known as the IHAP TAC. They can be reached via email at ihaptac@jsi.org.