

San Francisco's Ending the Epidemics Plan

2027 – 2029 Update

*HIV Community Planning Council
February 23, 2026*

Agenda

1. Background
2. Plan Update Process
3. Q&A
4. Your Input



San Francisco's Integrated Ending the Epidemics Plan

**2024 – 2026 STRATEGIES AND
ACTIVITIES**

Serving as the HRSA/CDC-required integrated plan for the HIV Community Planning Council; SF's local strategy to align with California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026; and SF's local Ending the Epidemics plan.

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Background

Background

- [SF's Integrated Ending the Epidemics Plan](#) currently outlines HIV/STI/HCV prevention, care, and treatment activities for 2024-2026
- This plan serves several purposes:
 - Supplement to the state's HRSA/CDC-required plan, serving as a locally specific plan for the HIV Community Planning Council
 - SF's strategy to align with CDPH's Integrated Statewide Strategic Plan
 - SF's local "Ending the Epidemics" plan
- In 2026, we will update the plan for 2027-2029 with extensive stakeholder input

Who is leading the update?

- The SFDPH sections receiving the bulk of the federal and state Ryan White, CDC HIV prevention, CDC STI control, and SF General Fund support for HIV/STI/HCV services are:
 - ARCHES (PHD)
 - CHEP (PHD)
 - STI/HIV Branch (PHD)
 - HHS (SFHN, Primary Care)

*With
support
from
Facente
Consulting*

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Plan Update Process

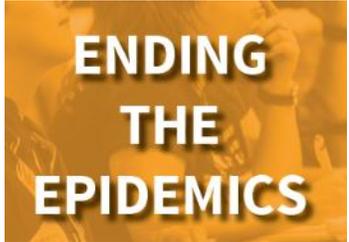
Planned Stakeholder Engagement



HIV/AIDS Provider Network (HAPN)



CHEP
STI/HIV Branch
ARCHES



Steering Committee
SFPDPH Leadership

Planned Stakeholder Engagement (cont.)

Community Advisory Process

- A CHEP project to get community input & engagement regarding sexual & drug user health needs and the Health Access Points
- The 2026 CAP agencies, with support from Facente Consulting, will be disseminating surveys and hosting events with their communities with a specific focus on input for the plan update



Asian & Pacific Islander Health Parity Coalition (Asian and Pacific Islander, Native Hawaiian, and Pacific Islander communities), with **APA Family Support Services** serving as the lead agency



End Hep C SF (people who use drugs and people experiencing homelessness)



Friendship House (Native American/American Indian/Indigenous communities)



SF LGBT Center (gay, bisexual, and queer men (GBQ), including men who have sex with men (MSM); and trans, non-binary, and gender-diverse communities)



WISE Health SF (Black and African American communities)



Youth Leadership Institute (youth and young adults, age 18-24)



Promotoras Activas SF (Latine communities)

Planned Data Collection

Clients, providers, and leadership from:



People.Care.Prevention



Other data:

PROGRAM NAME :	
ADDRESS:	
PROGRAM PRIMARY CONTACT(S):	
NATURE OF DOCUMENT:	New Contract Original: <input type="checkbox"/> Contract Amendment: <input type="checkbox"/>

CBO Contracts with SFDPH

I. GOAL STATEMENT

Contractor: u
Program: 0

II. TARGET POPULATION

The HAP will be designed to serve the HAP will welcome an

UOS COST ALLOCATION BY SERVICE MODE

Position Titles	Service Modes:		Something Else Non-HHS		Non-Medical Case Management		Treatment Adherence	
	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
0	0.00		0%		0%		0%	
0	0.00		0%		0%		0%	
0	0.00		0%		0%		0%	
0	0.00		0%		0%		0%	

Literature Review



How will the stakeholder input and data be used?

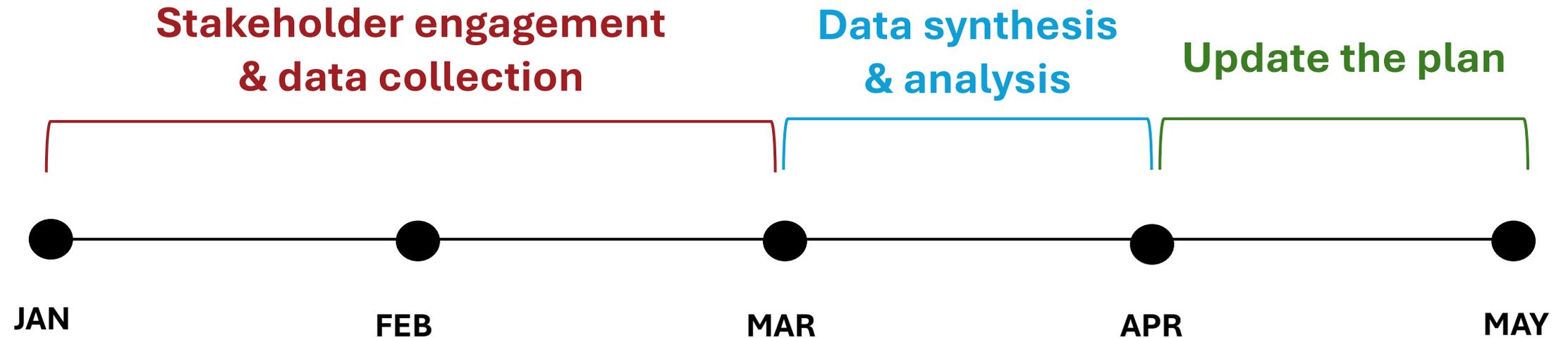
- EtE efforts are facing an increasingly unfriendly fiscal and political environment
- We see this as an opportunity to envision a plan for SF's HIV/STI/HCV services, systems, and policies in 2027 – 2029 that can be achieved in an increasingly resource-constrained context through:
 - Setting data-driven priorities
 - Considering the role of new and emerging biomedical interventions
 - Investigating what other resources and systems are available to leverage
 - Much more

How will the stakeholder input and data be used?

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The result will be a *flexible plan*, not a definitive roadmap we must follow, so SFDPH and all stakeholders are prepared to respond to emerging realities

Three-Phase Timeline



Questions



Let's Discuss

1. What are the top priorities for the HIV/STI/HCV system of prevention, care, and treatment in an era of constrained resources?
2. What are the silver linings during this period of significant disruption? Where might there be opportunities to rethink, reinvent, improve, streamline...?
3. What data points or other information do you think are most critical for our collective ability to make data-driven decisions about where our limited resources are allocated?



Thank you!

Send any additional feedback to Shelley Facente:
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