

Speaker 1:

[inaudible 00:00:34] implementation, monitoring, reporting and dissemination. This section focuses on describing how the jurisdictions will implement monitor, evaluate, improve, report, and disseminate information about the activities and the progress of their plan. I am Alexandra Bonnet. I'm a senior consultant for JSI and member of the technical assistance team for integrating planning on HIV and AIDS. I will be moderating this presentation today. Next slide. [foreign language 00:01:24] mute original audio [foreign language 00:01:54].

Speaker 1:

Available in English and Spanish today. Please pick your language of choice and remain there for the whole meeting. Please, to pick your language, click on the globe at the bottom of your screen and select the language you want to hear. Next. Once you have selected the language, click once more and select mute original audio. So you can hear only the language you've selected. Next.

Speaker 1:

As we have already announced, we have simultaneous interpretation into English. Our interpreters for the webinar today are Diana and Pablo Donatti. They are certified by the federal government and they have worked with numerous national, international agencies. Their work on HIV and AIDS started in the 90s and it has been their passion since then. They dedicate time and resources to guarantee that linguistic services are available when necessary. Thank you, Diana and Pablo, for being here today. Next.

Speaker 1:

We will get started by telling you who we are. Since the beginning of 2016, the Technical Assistance Center for Integrated HIV/AIDS Planning has been supporting beneficiaries of Part A and Part B by HRSA, the Ryan White HIV Programs, the beneficiaries of the health department, finance by the CDC, which are the centers for prevention and control of disease and their respective planning organisms. We also provide training and technical assistance at the national level in a personalized fashion. And we facilitate learning amongst peers. Finally, we focus on all the stages of integrated planning, including development, implementation, and monitoring of integrated plans for prevention and treatment of HIV. Next.

Speaker 1:

As I mentioned before, this is the seventh installment of our webinar training sessions. This series of webinars and peer learning are designed to discuss the guide section by section underlining the efforts of the jurisdictions we will have today, presenters from Puerto Rico. We will also address emerging and ongoing questions, and we will facilitate peer engagement on learning specifically through the peer learning sessions, during which participants will have the opportunity to connect, share, and discuss the challenges and strategies. You can find more information about the next events at our website [targethiv.org/ihap](http://targethiv.org/ihap). Next.

Speaker 1:

Again, today we will be focusing on section six of the integrated plan guide. Our objective is that by the end of the webinar, you, the participants will be able to understand how to meet the submission requirements for section six of the guidance that you can also describe the lessons learned from Puerto Rico's approach to monitoring their integrated plan. And finally, that you can access to the Technical

Assistance Center resources for Integrated HIV Planning, that's IHAP TAC. Next. And before starting, if you have any questions for any of our presenters, use the question and answer, the Q&A function, click on the Q&A icon located at the bottom of your screen. We will be answering all your questions or at least most of them by the end of the presentation. Next.

Speaker 1:

Before starting with the presentation, we have some survey questions. The first one, you can see it on your screen. And it says, "How would you describe your jurisdiction's progress towards integrated plan development?" Would you say you are on schedule, a bit behind schedule, but we got this, so you're confident that you can do it? Or a bit behind schedule, but it keeps you up at night, behind schedule, but doing your best effort, or I'm not sure? We're going to give you a few seconds so you can pick your answer.

Speaker 1:

And I see that most of you are, at least more than half of you have been a bit behind schedule, but you're confident that you can achieve this. And we have almost 20% of you who are not very sure. Next. If answering these questions cost a little bit of anxiety, don't worry, the Technical Assistance Center for HIV/AIDS planning is here to help you a few months before the deadline for the new integrated plans. Contact us with your needs for technical assistance or training, either through the chat or by email at [ihaptac@jsi.com](mailto:ihaptac@jsi.com). We will gladly help you.

Speaker 1:

Now moving on to the second question in the poll, this is what we would like to know. Have you been involved in the implementing, monitoring, evaluating, reporting on and/or disseminating information about your jurisdictions CY 2017-2021 integrated plan? So this is the current cycle. Tell us yes, no, somewhat, or I'm not sure. I'm going to give you a few seconds to enter your answers, and let's see, 46% of you in the case said, yes, you have been involved somehow or somewhat. However, we have 26% of you who haven't and 23% who says somewhat, so 45% is yes, 26%, no, 23% somewhat. So an important detail in reference to this webinar, it would be good to be able to distinguish between the five or amongst the five different stages describing the next slide.

Speaker 1:

These five stages described here are the five phases of integrated planning that the planning guidance makes reference to so that you can develop an integrated plan and we will review them in this slide. We have included this explanation in all the webinars in this series, as an important reminder, that the planning process, the integrated planning process is not just the period for developing a plan. The 18-month period. The focus of today's webinar is on these future phases and how the jurisdictions are approaching this, or how are they planning to implement them? We have heard from many of you that your jurisdiction is focusing on developing a plan that can really actually be implemented. Most of you don't want something that will remain on a shelf or file the way. So it's very important to think about this while you're developing your plan. Next slide.

Speaker 1:

So I will take a few minutes now to go over the details of section six of the integrated planning guidance. Section six request that jurisdictions describe how they will develop and implement the work that's described in detail in the goals and objectives section, specifically how will they implement, monitor,

evaluate, improve, and report and disseminate their integrated plans. Keep in mind that the five key phases of the integrated planning that this section makes reference to, they are slightly different from the five key stages that I mentioned in the previous slide. The previous slide was created by the Technical Assistance Center for integrated planning with the objective of summarizing and better illustrating what the integrated planning guide attempts to explain the differences are minor. And the main idea is to show that integrated planning is more than just the process of developing the plan. It is also what you do with the plan. Next.

Speaker 1:

Section six of the integrated planning guide includes subsections for each one of the five stages listed on the slide. Also, if the jurisdiction is using portions of another plan in order to satisfy the requirements of this section, there's also subsection to describe how the other plan is being used, including achievements and challenges. Just like with the other sections of the guide, the checklist or Appendix 1 of the guidance is the place that you can be sure to when you need information about the requirements of this section. Next.

Speaker 1:

Now, before going into specific requirements, I would like to highlight some important points in the monitoring sections within the narrative of the integrated planning guide. That is the content prior to the details of the appendix. Now this section provides useful details about the importance of monitoring and evaluating integrated plans, like measuring progress towards goals and objectives, selecting strategies for collecting information, analyzing information to inform decision making, and improving HIV efforts within the jurisdiction. In reference to bullet number two, selecting strategies for collecting informations, keep in mind that if the jurisdictions are following the structure of objectives provided in Appendix 1 of the guide, they can also capture information about specific data for each goal and objective. Next slide, please.

Speaker 1:

In the monitoring section, within the description of the integrated planning guidance, the importance of sharing and updating plans as necessary is highlighted. For example, it establishes that jurisdictions must identify and not only how they will provide regular updates to their planning bodies and stakeholders on the progress of planning implementation, but also how will they solicit feedback? How will they use that feedback for improving the plan? The guidance also says that integrated plans are living documents. Next slide, please.

Speaker 1:

The CDC and HRSA also play a role in monitoring progress, the challenges and achievements of integrated planning. CDC and HRSA get involved, both jointly and independently on the development of the plan. For example, they will jointly be making presentations on the integrated planning and will discuss independently the progress on the planning process with the jurisdictions. They will work with project officers and use other strategies. The project officers will work with jurisdictions to get updates on the integrated planning, ensure coordination and identify any current issues. The recipients, the beneficiaries, the people who are developing the plan will use establish reporting requirements. That's to say applications and annual progress reports to document progress on achieving IP goals and objectives. Next, please.

Speaker 1:

These slides contemplate some key points of the checklist in the integrated planning guidance for each one of the subsections within section six, as a reminder, consult the verification or the checklist that's contained in Appendix 1 of the integrated planning guide to obtain additional details and to guarantee that all the legislative and programmatic requirements are met. For the implementation section, you must describe the process for coordinating all key stakeholders to meet the integrated plan goals and objectives. And also you must include information about how the integrated plan will influence the way the jurisdiction leverages and coordinates funding streams, including, but not limited to, the funds, which is HRSA and the CDC funding. Next slide, please.

Speaker 1:

For the monitoring section, the jurisdictions are also asked to describe how they will be coordinating monitoring among different stakeholders on funding streams, including specific coordination activities and timelines. They're also asked to include coordination activities and specific timelines for the states with multiple plans in order to avoid duplicating efforts and potential gaps in service provision. As indicated here, this will be of particular importance for the jurisdictions that are also involved in this initiative to end with HIV. They have other plans are jurisdictional plans, like reaching the end of the epidemic or reaching zero. So now I will show you some screenshots of documents compiled by the Technical Assistance Center for integrated planning, which is our technical assistance program.

Speaker 1:

After the development of the integrated plans for the 2017-2021 cycle. If you can please show the next slide. This screenshot is available through our website, which is [targethiv.org](http://targethiv.org). You can review these materials in order to think about strategies to develop monitoring tools, to achieve your objectives, the objectives and integrated plan. I'm pretty sure that most of you have tools like this one to monitor and to report on the progress of the work plans, linked to several funding streams, as well as to assign duties and responsibilities. Next slide, please. Next.

Speaker 1:

For the evaluation section, the jurisdictions are also asked to describe performance measures and the methodology to evaluate progress towards the goals and objectives. And also to include information about how often the jurisdiction analyzes performance measures and presents information to the planning group. As we always say, it's never too soon to start planning evaluation. The integrated planning guidance emphasizes the fact that we need to think about the measures from health results and as far as improvement in health outcomes, health equity, and the quality of HIV [inaudible 00:24:20] systems. Next slide please.

Speaker 1:

And we're almost ending with the detail explanation of section six of the guide. We only have two slides before listening to our presenters from Puerto Rico. So the improvement phase of integrated planning really contemplates how you will keep your integrated plan as a live document. How will you use the data and the community input to make revisions and improvements to the plan, and how you will make revisions on the plan. Next slide, please.

Speaker 1:

And before closing this portion, this section of reporting and disseminating really highlights the importance of keeping stakeholders, including people with HIV committed and involved in the integrated planning. We heard a great panel of presenters during our webinar in June, and many of them highlighted this fact. My colleague, Shaivi, will share the file for this webinar, if you're interested in visiting it. And for the next slide, I would like to introduce to you our presenters from Puerto Rico. First of all, we have Yomary Reyes, she's a planning analyst, co-chairman of the planning group of the Ryan White Program Part B: ADAP from the health department of Puerto Rico. And we also have Alexie Lugo, the manager of the HIV program division of prevention from the health department of Puerto Rico. We thank both of them for being here today, and next, the floor is yours. Thanks, Yomary.

Speaker 2:

Good afternoon, everybody. It's a pleasure to share this time with you today by being here in this webinar. And on behalf of those programs, linked to prevention and treatment of HIV and the Department of Health in Puerto Rico, we thank all those responsible for this educational activity for inviting us to be able to share good practices in Puerto Rico development, implementation, and monitoring of your integrated plan. Starting with the presentation objectives. First of all, we want to present the development process of the integrated HIV surveillance, prevention, and treatment plan for 2017-2021. I want to share good practices in the implementation of the integrated plan activities, and let's summarize the lessons, learning the development and implementation of the plan.

Speaker 2:

Through the national HIV eradication strategy and the White House continuous care strategy, we have promoted further integration of prevention and treatment efforts, encouraging new approaches to tackle any barriers related to detection care and treatment of HIV. The integrated plan for prevention and treatment in Puerto Rico for 2017-2021 was carried out, fulfilling all the requirements established by the Department of Health, by using a planning process and participation in empowerment process. We work with community-based organizations, private entities, non-profit sector, the community that live with an HIV diagnosis and the academic sector. And we identified the needs. We develop the strategies to be able to fulfill the objectives of the national strategy and to be able to update it. The document itself has three main sections. I'm going to describe those to you. And as part of that process, and I don't want to repeat myself, but we have to recognize that we did this with the participation of everybody so that all the stakeholders could have a voice as part of the process.

Speaker 2:

In order to fulfill also the dates and follow the guidelines, the Department of Health identified an external advisor that presented a proposal that gave us an action plan, a work plan, so that we could fulfill all three sections. We need to evaluate needs, the five-year work plan, monitoring improvements. And for each one of these sections, we made sure that we had the collaboration. We had partnerships with those interested partners and making sure that everybody with an HIV diagnosis could be part of the process. In terms of the advisory team, their responsibilities, their roles were identifying and processing information and supporting our analysis. Their job was also to facilitate the process, to edit the documents, and also to provide technical assistance so that we could comply with any applicable rules and any form requirements.

Speaker 2:

It is important to clarify that when we worked together to prepare the plan, we established the structure and the structure was for planning and participation, where there were representatives for every or different work committees. We had the administrative committee and this committee was formed by directors and managers of the surveillance programs, prevention programs, and also the HIV central department. And they had in their care, the supervision of the process and the decision making process, just to make sure that all the work that had been programmed was fulfilled. Also, we had a steering committee and the steering committee was integrated by a number of experts in HIV, and they were chosen among their planning teams, both in prevention and treatment areas and the surveillance programs for prevention and treatment, included also, Ryan White Part A for the city of San Juan and the responsibility for the steering committee was to give us advice in terms of content, quality information, and to give shape to the work.

Speaker 2:

Also, we had an ad hoc committee, and this ad hoc committee had representatives for Ryan White Part A and B, and the recommendation was to have a special chapter so that we could present the work plan for Ryan White Part A in San Juan to have it all in one document. And therefore, this planning effort and done as a team required an ad hoc committee that was formed by representatives from Ryan White Part A from San Juan. And the role was to offer specific information about the metropolitan area for Part A, so that we could validate this information and we could steer anything that had to do with the work plan.

Speaker 2:

Also, we had as part of our structure, the participation, very active participation of interest groups, people living with HIV and the community at large. Most of them as representatives of service providers in the health sector, both for prevention and treatment of HIV. We had employees of the Department of Health and also people from other agencies, government agencies, private business, non-profit organizations, community organizations. We were part of different workshops and different projects to get information.

Speaker 2:

So in order to get together to prepare the plan, we used multiple methods. We had participation. We tried to empower everybody so that we could keep participation and attention. We had different strategies. They included workshops, meetings, gatherings, distribution of different material via internet. We did telephone follow-up and for decision making processes, we had representatives from all the sources of information. We had to identify different studies. And we had efforts from other investigations that were done.

Speaker 2:

In the last five years, we got information from all those other stories and [inaudible 00:34:04] studies, so that we could prepare a summary of all studies. And we were able then to prepare a matrix of all the needs and prioritize those needs and identify what the barriers were. So for this last section, as you can see on this slide, we had three workshops with different sections divided by interest area for prevention and treatment. The first workshop that was held to analyze those secondary resources, to do the profile of the epidemic. And then we decided to identify needs. And then we had some directed exercises to be able to identify what were the barriers, the obstacles to both prevention and treatment. We had two

workshops for prevention and one for treatment and for different sections to validate prioritized needs, identify barriers.

Speaker 2:

The second workshop was two sections to discuss structure discussions to identify the strategies, to serve those needs that we have identified. And the last workshop was a joint session where we validated the goals and objectives and the measures. And then we had an internal discussion with all the representatives of the health department, so that we could finish everything that had to do with the monitoring and evaluation plan, and the personnel that was present there, they really come from the planning and evaluation areas of both programs. And then we have the advisory team. They were our partner in the development of our monitoring plan.

Speaker 2:

During these workshops, it's worth mentioning that we had, as we say here, different sessions where we work with the different needs appraisal. We had discussions of barriers for prevention and treatment, and we had structured sessions to identify what the strategies were going to be. And then after that, we developed this evaluation plan and the tools for monitoring and follow-up. And those joint sessions that we discussed, where we had an opportunity to gather all representatives from the health department that offer direct services to those people with an HIV diagnosis, through our clinics. And we were able to discuss with them and explore in depth, all the different proposals that we had gathered from all the different people that participated in these workshops. And that way we had a better communication and a better idea of those people that really implement through the clinical services all these activities.

Speaker 2:

In these workshops, the people were organizing small working groups. I'm sorry. We gave them guided exercises. We had discussion among 89 participants. 75% of the representatives came from community-based organizations, non-profit, 33% from the public sector, and 12% from the community. And most of the participants offered services, both for prevention and for treatment. As you can see here in this slide, this is the distribution of participants by type of services we worked. 41%, they offer services, both for prevention and treatment. And I'm going to now give the word to my colleague, Daisy Lugo. He's going to continue with the presentation. Next.

Speaker 2:

Can you hear us? Good afternoon, can you hear us?

Speaker 2:

We hear you. Yes. Are you on original audio?

Speaker 2:

Yes.

Speaker 2:

Perfect. Go ahead, Alexie.

Speaker 2:

Well, greetings, very good afternoon. As Yomary explained, we did this three workshops for identifying strategies and for validating the information that we have gathered. And as part of the work that we developed, we designed a logic model of the integrated plan that sort gathers all the goals and the activities and the strategies on which our strategic plan was based. And this way, all we identify the supplies and the different strategies, and we divided them by area of priority. So the products and the expected results in order to fulfill the needs of this integrated plan.

Speaker 2:

So as good practice, we recommend that we prepare this logic or the logical model, because that in itself is going to be a tool for us to be able to do a follow-up of this planning and everything that is going to go with the planning process. So those goals, the strategies that we have designed are then directed, reducing the number of infections, increasing the access to treatment, reducing disparities, and also getting a national response that is more coordinated. And it's worth remembering that this logical model along with the integrated plan goes along with the national strategy for prevention and treatment of HIV. Here. Thank you. So we're going to see how the structure was organized for the implementation of the integrated plan.

Speaker 2:

What we see here for the implementation of this structure, we activated what we know as the administrative committee and the evaluation subcommittee. That's what Yomary was describing. It was one of the areas where we were going to follow up all the goals that were prepared for this plan. We had four goals and they were divided in the areas of HIV prevention. Goal two was for treatment through Ryan White Part B. Goal three, it's a combination of strategic activities related with both prevention and treatment. Goal four is for those activities that are support activities, mostly administrative activities with the component that is led by the central office for communicable diseases and HIV. That is part of the health department in Puerto Rico. And it's a combination of all the strategies directed at prevention, treatment, HIV prevention and treatment, sexually transmitted diseases, and TB.

Speaker 2:

And along with all these goals, these four goals that we have here, we have all the activities that are based on surveillance. And surveillance is fundamentally in order to do both planning and decision making, both for prevention and for planning. Along with this, we also have the participation of the advisory teams for planning and for treatment, and also the different committees for Ryan White Part B and A from Puerto Rico, the advisory committee for ADAP in the treatment area. And those are the ones that subsidize medication through Ryan White Part B and the charity committee and the planning council.

Speaker 2:

So I would like to share with you some of the good practices that we understand were fundamental for the success in the implementation of our integrated plan. One of this was the publication of a call for the selection of an external entity that helped us with the administration of the integrated plan and the coordination of all the different activities so that we could carry them out. And we did it through the different committees, the administrative committee and the education committee. Some of the experiences that we had in the planning and development of this integrated plan, we can see it in the application of some of the networks of partners in the area and the division of prevention and of sexually transmitted diseases or infections, HIV, and hepatitis.



Speaker 2:

Among those that collaborated with us in the prevention area. We have the planning group where we have the advisory group, the advice on everything that has to do with prevention, they work on the prioritization and recommendations of the populations that needed to be served. That was very important. We had to use the information from the integrated plan so that we could start this process of prioritizing. And we had then to move on to development of proposals for all those activities that had to do with test screening, follow-up, community education and provider training, as well as partner services.

Speaker 2:

In terms of prevention, we also had an education committee so that they could help with the development of training plans for both providers and team members. And during this last year, 2021, through this committee, we developed educational activities that really had an impact. We had a number of participants, seven different virtual activities were carried out, and in a little while, we can share with you the different topics that we covered during those meetings. And I'm going to let now, Yomary's take over. Next one.

Speaker 1:

From the standpoint of implementation of the integrated plan from the Ryan White Program Part B: ADAP, from 2017 to 2021, we identified over 75 activities. And in order to carry out implementation process, we added activities by calendar year, utilizing an Excel tool. We have divided by periods, all of those activities, and it helped us to see a path for what we needed to implement per year. We identify the team members by activity. We distributed the activities to be implemented in the program and the planning groups. And we also developed tools, and we had discussions with the consultant groups for the implementation of activities.

Speaker 1:

We must know that we did this process at the beginning of each year, in January, to see what activities we could carry out and what had to change, because honestly, in 2017, we were impacted by hurricanes Irma and Maria, and that affected all of those activities that we had to carry out, as well as an earthquake that also affected the southern part of Puerto Rico. Then we had the pandemic. So we had to rethink some of the activities in order to implement them without affecting the program's path and the integrated plan. Next, please.

Speaker 1:

As far as the implementation, we started at the micro level with our program committee, which was made out of representatives from the five units of the program and the management to establish what the activities were and we had discussions about each one of them to decide an implementation. Some activities were assigned to the Ryan White planning group Part B: ADAP with representation of the government sector, community, HIV diagnosing service providers. So every year we established what activities were going to be carried out by this planning group. So that was part of the work plan for this body. We worked on these activities with regular monthly meetings or through work committees. Next slide, please.

Speaker 1:

We also had the Ryan White inter-party committee in Puerto Rico. They are all the administrators of the recipients of Ryan White funds in Puerto Rico, Parts A, B, C, D, and F. They meet every two weeks to follow a work plan. So they were also part of this process and they took care of some of the activities, like the development of guides and protocols, and finally, the comprehensive quality committee with representatives of the 59 clinical centers and/or support of the network. They implemented all the activities linked to improvement projects for special populations. Next, please. And now, I'm going to ask my colleague Alexie to finish with this section.

Speaker 1:

As part of goal four of the integrated plan, [inaudible 00:50:27] achieving a more coordinated national response for HIV was recommended to create a multi-sectorial committee to strengthen public policy on the subject. So this committee was made up of representatives from the community from health service providers and the health department selected through a participatory process. And this participatory process was basically for the success of the project. So next slide, please.

Speaker 1:

Among the responsibilities that this committee had, were the identification and prioritization of needs or obstacles connected to public policies related to surveillance, prevention and treatment of HIV in Puerto Rico, the formulation of strategies and measures to tackle these needs or hurdles, the development and implementation of activities to disseminate strategies to obtain input from the different interest groups or stakeholders and recommendations of criteria to evaluate the changes or new public policies proposed by the committee. Next slide, please.

Speaker 1:

As among the areas that we worked on were identifying areas of coverage, access to treatment and other health related services, working with diagnosis and linkage, HIV prevention, education, continued education, reviewing articles of the criminal code of Puerto Rico and identifying multi-sectorial collaboration for support services. Next slide, please. Some of the products obtain from the work done by this committee where recommendations for health department administrative orders, some public policy pieces, including some bills, some draft laws, such as an amendment to the charter of rights of people diagnosed with HIV and another project bill to integrate and update public policy to end HIV, the epidemic of HIV in Puerto Rico through prevention, diagnosis, and connection to treatment.

Speaker 1:

Some of the proposed administrative orders of the committee included promoting and requirement continuing education of health professionals in subjects related to HIVST's, TB, and hepatitis, and to also make this multi-sectorial committee and public policy a permanent fixture. Next slide, please. Within the education committee purview, this was made up of representatives of HIV prevention, HIV treatment, again from the Ryan White Part B: ADAP Program, planning advisory groups and Ryan White Part A and Part F. This committee coordinated all educational activities as indicated as a priority in the integrated plan. Some of the topics cover, especially this last year, related to routine tests for HIV detection, as part of healthcare, secondary diagnosis and prevention of HIV, sexual transmitted diseases, hepatitis C, and the use of inclusive language as a part of the prevention services for HIV and STDs, and subjects related to HIV and infection control. Next slide, please.

Speaker 2:

Another of the thematic or topic areas included the importance of the early connection to HIV treatment, the importance of prevention management and network of treatment services for people living with HIV, provision of culturally sensitive services in handling MSM, young MSM, people use drugs and the trans population with HIV. Another area for education was best practices adapted to be culturally sensitive, evidence-based strategies for youth and PWIDs, new medications for HIV treatment, the use of best practices, clinical practices to care for people living with HIV and updated HIV treatment guides. Next.

Speaker 2:

Another area that we have to identify as good practices are preparing evaluation plans. We have to have an evaluation plan that is directed at helping follow through, looking at all the strategies and activities. And we need to do this through three different processes, evaluation of processes, evaluation of results, and continuous improvement. All of this is essential so that we can follow up and monitor the implementation of the integrated plan. And it will provide continued information about all those areas that we need to be revisiting often to make sure that we improve the activities that we are implementing.

Speaker 2:

This area evaluation plan, along with the structure. Next, please. Here, we see this structure here, the implementation structure of the plan, and we have this committee for monitoring and evaluation, and it is linked to the steering committee and they're responsible for the implementation of the plan. So this is information that both the administrative area and the steering committee receive, and this is all vital so that we can monitor, and we can determine that all the different areas are doing their job, the different areas as defined by the integrated plan. And it is also crucial in order to share information between the different advisory groups, both in prevention, in the area of Ryan White, and the charity to committee of the Ryan White program Part B.

Speaker 2:

So a summary of some of the lessons we learned during this process. And as Yomary mentioned, we had different events, national events that could have delayed implementation of the appointment. At the end of the day, we were able to meet all the deadlines. We were able to establish an administrative committee in the health department, and that is key to develop and implement the integrated plan. We had an external entity for the integrated plan development process. We established a monitoring and evaluation committee or subcommittee. We were able to establish two-way communication channels with all the key partners. And we had periodic meetings to inform and discuss the implementation of the plan. And they involved all the key partners and well, the participation was great. We created an environment where we could participate, and that was key for the development and implementation and success of the integrated plan.

Speaker 2:

So this is the end of the presentation. We're going to open up to questions and comments right now. Thank you so much, Alexis and Yomary. Thank you, Alexis, Yomary. Thank you so much for your participation. So far, we have not received any comments from the audience. We are one minute behind, but if you would like to stay a little bit longer so that you can receive the information about resources and contact information, the webinar is being recorded. So if you need to leave, you have

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other commitments you can do so. If you have any questions, you can put them on the Q&A window at the bottom of your screen.

Speaker 2:

If you do not have any questions, I would like to let you know, let the audience know that as always the Technical Assistance Center for integrated planning for HIV is here. We're here to help you. Do not hesitate to contact us and call us. You have our information. It's [ihaptac@jsi.com](mailto:ihaptac@jsi.com). Shaivi and myself, we are here. Shaivi, just put it on screen. She put it on chat on the right side of the screen. You can see it. And so far, we do not see any comments. So we're going to thank you all, everybody for participating. And it's very likely that you have heard of our resource inventory. And this is also available in our website. The compiler is a resource that you can use that will help you with the process of compiling information, resources, this inventory, everything that has to be with the development of the integrated plan. You can access the tool in our web page.

Speaker 2:

And we're going to ask you to please take a few minutes of your time to complete our evaluation of the webinar today. This is the first webinar we've done completely in Spanish with simultaneous translation in English. We would love to know what your opinion is and the link is already on the chat box. You can let us know what you think. Please take a few minutes. We take your opinions very seriously. We want to incorporate any changes to make our future webinars better. Again, thank you, Yomary. Thank you, Alexis, for your participation today. You all have a great afternoon. Ciao. Thank you.