- **July 2014** – City initiative discussed by UNAIDS, IAPAC & Mayors at AIDS 2014
- **August 2014** – Partnership between UNAIDS, IAPAC, UN-Habitat, and Paris
- **December 2014** – Fast-Track Cities launched World AIDS Day 2014 in Paris
  - 26 cities signed *Paris Declaration on Fast-Track Cities* on December 1, 2014
  - 300+ cities have joined the Fast-Track Cities network as of July 2020
### RIGHT PLACE

- 200 cities account for ~60% of PLHIV
- 1 city may account for ≥40% of PLHIV
- Signing enough cities in a country to have impact on national HIV epidemic (e.g., Brazil, France, South Africa, UK, USA, etc.)
- “Laboratories of innovation”
- Local accountability for response
- Targeted responses using geolocated data

### RIGHT THING

- Prioritize 90-90-90 on trajectory to GTZ
- Leverage political will/action
- Address health inequalities
- Reach key populations
- Close care and prevention continua gaps
  - Stigma/discrimination
  - Testing/link to care/treatment/suppression
  - PrEP as adjunct to treatment as prevention
  - Quality of life and quality of care
PARIS DECLARATION 2.0

- Getting to zero
- U=U, MIPA, GIPA
- HIV prevention
  - Primary HIV prevention
  - Biomedical (PrEP)
- Syndemic conditions
  - Mental health
  - Substance use
- Comorbidities associated with aging
- TB 90-90-90
- HBV and HCV elimination
MAKING IT OFFICIAL

- **Political Commitment** – Mayors & other elected official(s) sign *Paris Declaration on Fast-Track Cities* committing to attain 90-90-90 & zero stigma/discrimination targets

- **Technical Handshake** – Cities report HIV care continuum & 90-90-90 data under accountability framework leveraging transparent use of programmatic data
  - Health departments supported to generate & monitor data
  - Cities supported to develop 90-90-90 implementation strategies
    - Convening stakeholder consultations
    - Meaningful engagement of PLHIV communities

- Process involves **multiple jurisdictions**, as needed
  - National departments/ministries of health
  - Counties, states, provinces, districts, etc.
CALCULUS FOR SUCCESS

- Political will, commitment
  - Mayors, parliamentarians & citizens

- Community engagement
  - MIPA, “Right to the City”

- Public health leadership
  - Technical handshake (all levels)

- Data-driven, equity-based planning
  - Transparent use of data

- Health system capacity-building
  - Continuum optimization

- Stigma/discrimination elimination

- QoC/QoL assessments (CQI)

- Best practice sharing
DATA FOR ACTION

- Baseline data generation
  - HIV care continuum
  - 90-90-90 data
  - COVID-19 data (new)

- City dashboards
  - Monitor progress
  - Promote stakeholder accountability
  - Map HIV services
  - Communicate momentum
DATA FOR ACTION (continued)
IAPAC INTERVENTIONS

- Implementation planning
  - Revise existing or develop new city/municipal plans
- Capacity-building for providers
  - Care/prevention continua optimization
  - Undetectable=Untransmittable
- Stigma elimination
  - Clinician trainings
  - Health facility action plans
- Community education
  - Data for advocacy/care
  - Healthy living with HIV
- PLHIV QoL & QoC assessments
IAPAC INTERVENTIONS (continued)

- Regional, national & local workshops
  - Sharing best practices
  - Communities of learning
- Fast-Track Cities conference
  - September 2019 – London
  - September 2020 – Lisbon
- Best practices repository
- Implementation science
  - e-course for researchers
  - Implementation Science Fund
    - Testing/linkage to HIV care
    - Retention in HIV care
    - Policy/innovation uptake
BANGKOK – 90-90-90 TARGETS

Baseline 2014: 66-57-76
Current 2018: 92-78-76

1st 90: 26 percentage points improvement
2nd 90: 21 percentage points improvement
BANGKOK – IMPLEMENTATION PLANNING

Programmatic Prioritization
- Improved HIV and KP estimation to identify gaps
- Initiated and supported KP-led health services
- Rolled out rapid, targeted PrEP provision for KPs
- Initiated same-day ART, with outreach to KPs
- Used innovations to reach KPs and vulnerable youth
- Scaled up health system-wide stigma reduction

Resource Allocation
- Increased domestic funding for KP-led organizations
- Approved budget to provide ART to undocumented migrants and non-Thai residents

Political Advocacy
- Utilized data city progress towards 90-90-90 targets

Stakeholder Coordination
- Established Steering Committee that developed and endorsed roadmap to achieve 90-90-90 targets
KYIV – 90-90-90 TARGETS

Baseline 2015: 51-44-85
Current 2018: 73-73-96

1st 90: 22 percentage points improvement
2nd 90: 29 percentage points improvement
3rd 90: 11 percentage points improvement
The amount of funds proposed for the implementation of the Program

KYIV FAST-TRACK CITIES 2017-2021 BUDGET

<table>
<thead>
<tr>
<th>The amount of funds proposed for the implementation of the Program</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Total costs for the implementation of the Program</th>
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<td>National budget</td>
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<td>Funds from other sources</td>
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Programmatic Prioritization
- Approved 2017-2021 targets
- Decentralized testing, ART delivery
- Increased public-private partnerships
- Rolled out PrEP, prevention for KPs

Political Advocacy
- Sustained political commitment from Mayor and Deputy Mayor

Community Mobilization
- Established intersectoral partnerships, including significant representation from community
NAIROBI COUNTY – 90-90-90 TARGETS

Baseline (2017): 77-96-55
Current (2019)*: 79-99-92

1st 90: 2 percentage points improvement
2nd 90: 3 percentage points improvement
3rd 90: 37 percentage points improvement

*Current 90-90-90 data reflect January-June 2019
NAIRBI COUNTY – IMPLEMENTATION PLANNING

Programmatic Prioritization
- Refocused HIV care/prevention priorities by population
- Rolled out and scaled up PrEP and HIV self-testing
- Granulated HIV and TB data generation by facility
- Improved EMR system for better data management

Resource Allocation
- Leveraged data to secure increased funding

Political Advocacy
- Used data to garner increased political support

Community Mobilization
- Enhanced health system for better retention outcomes
- Conducted stigma reduction among general population

Stakeholder Coordination
- United stakeholders to ensure coordinated response
- Mapped stakeholders, delineated roles throughout county
MODELING END OF URBAN HIV EPIDEMICS

- Reviewed epidemiological trends in select cities
  - HIV incidence, AIDS-related mortality, ART coverage
- Aim to better understand progress in ending urban HIV epidemics and what needs to be done in terms of ART scale-up to achieve this objective
- “Ending HIV Epidemic” defined: <1 new HIV infection and 1 AIDS-related death per 1,000 adults
NAIROBI COUNTY

ART Coverage Maintained

- Considerable progress made
- HIV incidence (E) and AIDS-related mortality (D), as well as the number of people starting ART each year, will continue to decrease slowly
- Nairobi County’s HIV epidemic could end by ~2050 (C to F)

Source: Spectrum 2018
Scaling up ART now (F) will decrease HIV incidence (E) and AIDS-related mortality (D) as well as the number of people starting ART each (F) year.

- Nairobi County’s HIV epidemic could end by ~2024 (compared to 2050)

*Aggressive ART scale-up defined as annual testing for anyone at risk followed by immediate ART

Source: Spectrum 2018
2020/2021 FTC Areas of Focus

- Harmonization between FTC and EtE (USA)
- City-level HIV, HBV, HCV, and TB data
- Data-driven, equity-based implementation planning (monitored via programmatic targets)
- Standardized indicators for supportive environments (e.g., stigma, QoL)
- ‘HIV in the 21st Century’ literacy efforts to counter lack of visibility and interest
- HIV response resilience and continuity of HIV services in the context of COVID-19
FAST-TRACK CITIES

www.fast-trackcities.org