

## FREQUENTLY ASKED QUESTIONS

### WHAT IS THE FAST-TRACK CITIES INITIATIVE?

The Fast-Track Cities Initiative started as a global partnership between the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Association of Providers of AIDS Care (IAPAC), the United Nations Human Settlements Programme (UN-Habitat), the City of Paris, and cities across the world. Since its launch on World AIDS Day 2014 in Paris, more than 350 cities from every region of the world have joined the Initiative by signing the [Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic](#), pledging to accelerate their AIDS responses, to reach ambitious targets, to forge strategic partnership and to address significant disparities in access to services, social justice and economic opportunity.

Cities signing the Paris Declaration commit to seven objectives, including:

- Ending the AIDS epidemic in cities by 2030
- Putting people at the center of everything we do
- Addressing the causes of risk, vulnerability, and transmission
- Using our AIDS response for positive social transformation
- Building and accelerating an appropriate response to local needs
- Mobilizing resources for integrated public health and development
- Uniting as leaders

### HOW DOES A CITY JOIN THE FAST-TRACK CITIES NETWORK AND WHAT DOES IT MEAN FOR A CITY TO JOIN?

A city formally joins the initiative when a city leader (typically the Mayor or Governor) signs the Paris Declaration. City stakeholders including local health departments, civil society, and clinicians are often engaged in the process and assist in advocating the initiative to the Mayor's office. Following the signing ceremony, stakeholders need to agree on a strategy to accelerate the HIV response and to deliver on the goals that have been agreed for the city.

### WHAT HAS BEEN DONE TO DATE AS PART OF THE BROADER FTC INITIATIVE?

A snapshot of some of the progress include:

- Over 350 cities and municipalities from all regions of the world have joined the Fast-Track Cities Initiative.
- International and regional meetings have brought together local stakeholders to form consensus around global targets and collaborate around local responses.
- Fast-Track City data and progress have been presented at several global and local conferences and meetings including International AIDS Society Conferences, Adherence, Fast-Track Cities Conferences, and the General Assembly of the Association Internationale des Maires Francophones.
- City-level technical meetings have been held in multiple Fast-Track cities across the world.
- Strategic and/or implementation plans to guide an accelerated HIV response have been developed in several cities.
- A growing number of cities are generating care continuum data and are reporting on a set of indicators through the UNAIDS Global AIDS Monitoring System (GAM).
- Cities are making progress towards reaching the 95-95-95 and other Fast-Track targets.
- Cities, urbanization and humanitarian settings have been included as a cross-cutting area of work in the new 2021 Global AIDS Strategy ([Global AIDS Strategy 2021-2026 | UNAIDS](#)).

### HOW DOES THE JOINT UNAIDS-IAPAC FAST-TRACK CITIES PROJECT FIT INTO THE LARGER INITIATIVE?

Widespread political commitment for the Fast-Track Cities Initiative have been obtained. However, UNAIDS and IAPAC also identified the need to provide financial and technical support to priority high burden cities to deliver on the commitments of the Paris Declaration. Although IAPAC and UNAIDS have been collaborating since 2014 on the Fast-Track Cities Initiative, this is the first grant that allows the two primary technical partners to jointly focus efforts for a coordinated response in selected cities. The 15 cities that have been selected for inclusion in the project account for about 3 million people living with HIV and accelerating the responses in these cities will also have a significant impact on the national HIV responses.

## WHAT ARE THE OBJECTIVES OF THE JOINT UNAIDS-IAPAC FAST-TRACK CITIES PROJECT?

The overall aim of the project is to provide essential technical support over a four-year period to 15 priority high-burden cities to accelerate their HIV responses towards achieving ambitious Fast-Track targets and to deliver on the commitments of the Paris Declaration.

The project supports six objectives and key areas of work. While detailed information on each of the objectives is included in city-specific workplans, the areas of work include:

1. Promoting leadership, accountability and impact in the HIV response through strengthening critical partnerships, creating an enabling environment, and developing robust and sustainable strategic plans to optimize HIV service delivery and uptake free from stigma and discrimination.
2. Supporting cities to strengthen the collection, analysis and reporting of available strategic information and data on the HIV epidemic and response, and to use data to track progress and to inform the necessary action for accelerating the response and addressing remaining gaps.
3. Launching city-specific dashboards featuring HIV treatment, care and prevention continua, 90-90-90, and other data (e.g., tuberculosis), mapping local HIV services, promoting accountability for local AIDS responses, and communicating forward momentum towards target attainment.
4. Building clinician, other care providers and community capacity to facilitate optimized HIV care and prevention continuum, including within the context of comorbid diseases (e.g., tuberculosis), using data to focus education and support activities.
5. Conducting stigma elimination education for care providers, including around non-stigmatizing communication between providers and patients, and coordinating a process for health facilities to develop and implement action plans to eliminate HIV-specific and -related stigma.
6. Building on the strategic plans developed or supported through Objective 1, to assess and address barriers to accessing and utilizing HIV care and prevention services through: i. measuring the People Living with HIV perceptions of quality of care (QoC); ii. maintaining a repository and sharing best practices that have had a measurable impact in optimizing HIV prevention and care, and improving QoC.

City activities are implemented in the context of larger and more comprehensive city responses, aligned to national, district and local strategic plans, and programmes supported by PEPFAR, Global Fund, other partners; and are implemented in close collaboration with local stakeholders and partners.

UNAIDS is leading on Objectives 1 and 2 while IAPAC is leading activities related to Objectives 3 to 6, in close collaboration with local and national governments, health departments, civil society, key implementers and other strategic partners.

## WHAT IS IAPAC'S IN-COUNTRY PRESENCE?

IAPAC employs a City Programme Officer (CPO) in all 15 cities to guide the implementation of activities. IAPAC leverages its strength as a membership association of health care providers to appoint a leading clinician Key Opinion Leader in each Fast-Track City who serves as the on-the-ground point of contact for IAPAC. Additionally, IAPAC works closely with the UNAIDS Country Offices, and other organizations and implementing partners, in an effort to harmonize their efforts with the existing implementation structures.

## WHAT IS THE FUNDING MECHANISM FOR THIS GRANT?

Funding is received from the United States Government HIV Global Fund Technical Assistance fund. UNAIDS is the primary grantee. IAPAC is a sub-recipient. Funds are dispersed from UNAIDS headquarters to the UNAIDS Country Offices and to IAPAC for implementation at city level.

## WHAT ARE THE WORKING MODALITIES?

The implementation of activities is coordinated by the UNAIDS Country Offices and the IAPAC City Programme Officers, in close collaboration with local and national stakeholders and partners. Workplans are developed in the context of city specific epidemics and needs, in agreement with city health authorities and other stakeholders, and cleared by USAID. The overall coordination is done by UNAIDS and IAPAC Headquarters.

## HOW WERE THE 15 CITIES SELECTED?

A total of 15 cities were proposed for inclusion in the project, with agreement from the US Government, based on:

- High HIV burden
- Substantial gaps in testing and treatment coverage
- PEPFAR Priority Countries and UNAIDS Fast-Track Countries

## CITIES INCLUDED IN THE PROJECT



Blantyre, Durban (eThekweni), Jakarta, Johannesburg, Kampala, Kigali, Kingston, Kinshasa, Kyiv, Lagos, Lusaka, Maputo, Nairobi, Windhoek, Yaoundé.

## WHAT HAVE CITIES PUT IN PLACE THROUGH THE FAST-TRACK CITIES PROJECT TO PROMOTE LEADERSHIP, ACCOUNTABILITY AND IMPACT IN THE HIV RESPONSE?

High-level political support has been secured and sustained for the Fast-Track Cities Project. Project activities are implemented under the leadership of local and/or national authorities. City leadership has played an important role in ensuring the continuation of HIV services during the COVID-19 pandemic.

Coordination of the HIV response and accountability mechanisms have been strengthened in all 15 cities through steering committees and technical working groups. Implementation of activities takes place in close collaboration with relevant partners and stakeholders, including city health departments; local, provincial and national government partners (including Ministries of Health and National AIDS Councils); United States Government partners; the Global Fund; civil society organisations; communities; implementers; academia and health care providers. In addition, members of networks of people living with HIV, key populations and young people have played an active role in the planning and implementation of activities.

City HIV Strategic Plans are guiding the HIV responses in most cities. Advocacy, community mobilization and outreach activities have reached large numbers of people, including key populations and young people with support from city leadership and stakeholders. The Project supports innovative interventions and capacity-building activities to strengthen service delivery and uptake among key and/or marginalized populations.

The Fast-Track Cities Project has had a catalytic effect in cities. In some cities, efforts from multiple stakeholders have been consolidated, or synergies have been built with other initiatives to enhance its impact, which in turn will ensure sustainability. The project has also inspired several other cities to join the Fast-Track Cities Initiative and to accelerate their HIV responses.

## WHAT KIND OF SUPPORT IS OFFERED TO CITIES IN RELATION TO THE COLLECTION, ANALYSIS AND USE OF STRATEGIC INFORMATION ON THE HIV EPIDEMIC?

Strategic information including Monitoring and Evaluation systems have been strengthened and helps cities to track HIV epidemics and responses. Data related efforts have informed programmes and the development or revisions of city strategic plans. In some cities, Monitoring and Evaluation units have been established to track progress in the HIV response. The Fast-Track Cities Project supports cities with data collection, analysis, use and reporting.

These include:

- Situation, response and gap analyses to inform the revision or development of city strategic plans;
- Development of city profiles or epidemic fact sheets to share information;
- Mapping exercises to better understand the distribution of HIV services;
- Modelling exercises (using Spectrum, Naomi, Thembisa or Asian Epidemic Models) to produce epidemic estimates over time;
- Triangulation of data on key populations;
- Know your Epidemic and Response exercises;
- Investment Case analyses and National AIDS Spending Assessments to inform policy decisions;
- City dashboards have been developed for all 15 cities to track progress in the response, including towards achieving treatment and other key targets.

## WHAT IS THE FTC DASHBOARD AND WHAT ADDED VALUE CAN IT PROVIDE TO EXISTING WEB-BASED TOOLS SUCH AS THE NATIONAL HEALTH SITUATION ROOM OR COUNTRY DASHBOARDS?

The Fast-Track Cities dashboard is a multi-stakeholder tool that allows for: tracking and measuring progress against global and local targets (i.e. 95-95-95); dynamically visualizing data; mapping HIV services; showcasing best practices and displaying messages from local leaders. The dashboard also serves as a resource repository, housing various extensions available to cities (e.g. surveys, webinars, online trainings, collaborative platforms, etc.). The intention is not to re-invent the wheel but to leverage existing data, existing electronic tools and surveillance mechanisms (such as Health Management Information Systems (HMIS), Global AIDS Monitoring (GAM), National HIV/AIDS/STI/TB Council Management and Information System (NACMIS), PEPFAR dashboards, peer reviewed and grey literature sources) to create a city-specific, publicly accessible platform that can be utilised for decision making, service improvement and accountability, increasing political will and community engagement, and highlighting the city as part of a growing global network of Fast-Track Cities. In countries where there are national Health Situation Rooms, opportunities for linking the dashboard to the Health Situation room are being pursued.

### WHAT IS INCLUDED IN THE CAPACITY BUILDING TRAININGS AND STIGMA ELIMINATION TRAININGS? WHO CAN PARTICIPATE AND HOW DO PARTICIPANTS ACCESS THE TRAININGS?

The capacity building trainings comprise of eight modules; pediatric HIV care, initiation of ART, retention and adherence, optimizing outcomes for key populations, HIV and non-communicable diseases, and HIV and aging. The stigma elimination trainings consist of three modules: human rights and health, integrating stigma reduction into daily practice, and resources for facility administrators. While the trainings were designed for providers of HIV care in resource limited settings, all the materials are in the public domain and can be accessed by anybody who is interested in taking the trainings. Access can be obtained via each city dashboard under the 'education' tab.

### THREE YEARS INTO THE PROJECT, WHAT ARE THE KEY ACHIEVEMENTS?

Some of the key achievements of the Fast-Track Cities Project include:

- High-level political commitment has been mobilized in all 15 cities.
- Coordination of city HIV responses has improved.
- New and strengthened partnerships have been created including with local and national governments, civil society organisations, people living with HIV networks, private sector, academia, other partners.
- Civil society and communities are actively engaged in the response in all 15 cities.
- City strategic plans are currently guiding the HIV response in 12 cities.
- Innovative interventions have been put in place in several cities resulting in increased uptake of HIV services among key populations.
- Support is being provided for integration of services.
- Strategic information continues to be strengthened and data are used to inform programming and planning.
- Monitoring and Evaluation systems are being strengthened.
- 15 city dashboards are publicly available and used by city stakeholders.
- More than 6,000 clinicians have participated in capacity-building trainings.
- More than 3,500 clinicians have taken the stigma trainings.
- The Quality of Care Survey has been completed in 8 cities and data analyses are currently underway.

### WHAT IS THE QUALITY OF CARE SURVEY LOOKING AT AND HOW ARE THE RESULTS GOING TO BE USED BY THE CITIES?

The main goal of HIV treatment is to achieve and sustain viral load suppression in people living with HIV. Early initiation of ART and access to client-centered, differentiated, high-quality and stigma-free care is a prerequisite of long-term retention and viral load suppression. A total of about 6,500 people living with HIV in the 15 participating cities will be interviewed for the IAPAC Quality of Care Survey about their perceptions of the quality of care they receive across the eight domains of HIV understanding, HIV counseling, linkage to HIV care, engagement in HIV care, ART and ART adherence, secondary HIV prevention, whole person care and interpersonal communication. Institutional Review Board approval is obtained in each city prior to the commencement of the survey. The survey can be paper-based or completed online using computer tablets or smartphones. The survey is implemented by community mobilizers who are people living with or affected by HIV. The mobilizers are hired on short term contracts by IAPAC and supervised by the IAPAC city program officer in each city.

### HOW DO THE FAST-TRACK CITIES PROJECT AND THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (THE GLOBAL FUND) INTERACT?

Interactions between the Fast-Track Cities Project and the Global Fund take place at different levels and through various channels. These include:

- Engagement of the UNAIDS Country Offices in the Global Fund in-country processes
- City-level participation in the Global Fund concept note development
- Active engagement and collaboration with the Global Fund principal recipients and the Implementing Partners in several cities including in workplan developments, coordination structures as well as in capacity building and strategic information related activities
- At global level, the Fund Portfolio Managers are regularly updated on the planning and the progress of the Fast-Track Cities Project. Additionally, meetings have taken place with the Global Fund Situation Room and the WHO-led Joint Working Group to keep partners updated on progress.

#### ADDITIONAL INFORMATION

Fast-Track Cities Initiative, reports and stories - [www.unaids.org/en/cities](http://www.unaids.org/en/cities)  
Fast-Track Cities Dashboards - [www.fast-trackcities.org/dashboards](http://www.fast-trackcities.org/dashboards)