

BACKGROUND

The **Fast-Track Cities Initiative**, launched on World AIDS Day 2014, recognizes the critical role that cities play in the HIV response. More than half of the world's population currently lives in cities, and cities account for large proportions of national HIV burdens.

HIV transmission is often higher in urban than rural areas because of dynamics such as migration, unemployment, social and economic inequalities, all of which can exacerbate risk and vulnerability to HIV, tuberculosis and other diseases. On the other hand, cities—as centres of economic growth, education, innovation, positive social change and sustainable development—offer advantages and opportunities for effective actions to end AIDS. Accelerating the HIV response in cities can therefore contribute significantly to reaching the ambitious targets that have been set in the UN Political Declaration, and the global goal of ending AIDS by 2030.

Building on the momentum of the Fast-Track Cities Initiative, two of its core partners, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Association of Providers of AIDS Care (IAPAC), with support from the United States President's Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID), initiated the **Joint UNAIDS-IAPAC Fast-Track Cities Project** in October 2017.

The project aims to provide essential technical support over a four year period to 15 cities to accelerate their HIV responses and achieve key Fast-Track targets, and to deliver on the commitments of the *Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic*.



Cities supported through the project: Blantyre, Durban (eThekweni), Jakarta, Johannesburg, Kampala, Kigali, Kingston, Kinshasa, Kyiv, Lagos, Lusaka, Maputo, Nairobi, Windhoek, Yaoundé.

The fifteen priority cities supported through this project together account for about 3 million people living with HIV. They were selected on the basis of their commitment and capacity to Fast-Track their AIDS response, their high HIV burden, and the gaps in treatment coverage.

OBJECTIVES OF THE PROJECT

Objective 1: Optimize HIV service delivery through promoting leadership, accountability and impact in the HIV response, and by strengthening critical partnerships, creating an enabling environment, developing robust strategic plans, and providing support for innovative or catalytic interventions that may be scaled up and fully funded from domestic or donor resources.

Objective 2: Support cities to collect, analyze and report strategic information and data on the HIV epidemic and response, and to use the information to track progress and guide the response.

Objective 3: Develop city-specific dashboards featuring HIV-service coverage data; progress towards optimizing treatment and prevention continua; and data on HIV-related comorbidities.

Objective 4: Strengthen the capacity of health care providers and people living with HIV in the respective cities to achieve and maintain optimal HIV prevention and care continua, and to attain key targets.

Objective 5: Strengthen the capacity of HIV service providers in the respective cities to eliminate HIV-related stigma in health care facilities and mitigate stigma within communities.

Objective 6: Assess the quality of care provided to people living with HIV in Fast-Track Cities and facilitate the sharing of best practices.

PARTNERS INVOLVED

The Fast-Track Cities Project is not a stand-alone programme: it is implemented in the context of larger and more comprehensive city initiatives. The workplans and activities for each of the cities included in the Project are aligned with (and in support of) existing national, district and municipal plans and activities, and they consider programmes supported by PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and other key stakeholders.

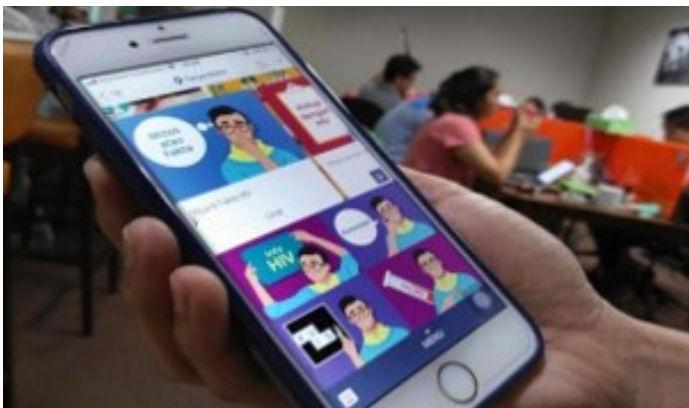
Partners include local and national governments and health authorities, civil society organizations, networks of people living with HIV and key populations, the private sector, faith-based organizations, the education sector, academia, the United States Government (PEPFAR, USAID, CDC), the Global Fund, clinicians and health care providers, and other implementers.



Induction Meeting of five Fast-Track Cities included in the Project. Geneva, Switzerland, March 2019

RESULTS TO DATE

- High-level **political commitment** has been mobilized and sustained in all 15 cities.
- **Coordination** and **accountability** of city HIV responses have improved.
- **Partnerships** (new and existing) have been strengthened including with local and national governments, civil society organizations, networks of people living with HIV, private sector, academia, donors, healthcare providers, other implementing partners.
- **Civil society and communities** are actively engaged in the HIV response in all 15 cities.
- **City strategic plans** are guiding the HIV response in 12 cities.
- **Innovative interventions** have resulted in increased uptake of HIV services among key populations.
- Mechanisms are being developed to **sustain** the HIV response.
- Measures were developed to mitigate the impact of COVID-19 on the HIV response.
- **Strategic information** continues to be strengthened and data are used to inform programmatic decisions and planning.
- **Monitoring and Evaluation systems** are being strengthened.
- 15 city **dashboards** are publicly available.
- **Capacity-building training** has reached more than 6,000 health care providers.
- **Stigma training** has reached more than 3,600 health care providers.
- **Quality of care surveys** have been completed in 8 cities.



Tanya Marlo Chatbot. Jakarta, Indonesia, 2020



Conversation Map, an education tool designed for training of community members

ADDITIONAL INFORMATION

Fast-Track Cities Initiative, reports and stories
 Joint UNAIDS-IAPAC Fast-Track Cities project rapid assessment report
 Fast-Track Cities Dashboards