**Meeting Agenda Templates**

Cities are encouraged to exert leadership through a series of meetings. Please see the following three templates that may help provide a basic format for the meetings:

1) **Task Force Planning Meeting**

2) **Consultation Meeting**

3) **Working Groups/Post-Consultation** Follow-up meetings.

The below templates should be self-explanatory and should provide a sense of how to structure an agenda for various Fast-Track City meetings. They are templates that are meant to be modified as needed to design and convene City specific meetings. We hope that they prove to be useful—questions welcome.

1. **Task Force Planning Meeting**

Fast-Track Cities may use the below template for a Task Force Planning Agenda to convene a meeting of core stakeholders with the purpose of planning a larger city-wide consultation. The Task Force is responsible for leading the city’s AIDS response and could include the Mayor (or representative), IAPAC KOL, City health director or City HIV director, NGO leadership, and a PLHIV. Cities may choose to include other relevant key stakeholders such as a district/state/county health officials or donors. The recommended size for the Task Force is 5-10 members so that it is action oriented and can make decisions more easily.

The purpose of the Task Force planning meeting is two-fold: first is for all Task Force members to gain understanding on the city’s current status with respect to its epidemiology and the city’s HIV response, second is to assign roles and plan and support the city-wide implementation of the FTCI. Cities that are not formally Fast-Track Cities, but interested in signing on, may choose to use the first four sections of this agenda for a pre-meeting aimed at developing consensus on the city’s epidemiology, current response, and understanding how best the FTCI may be leveraged to accelerate and improve the city’s AIDS response.

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|  | **Notes** |
| **Fast-Trach Cities:** **Task-Force Planning Meeting Agenda** | This meeting will serve to bring key people together to plan for wider consultation process and meeting.8-10 participants – mayor, city health official, health policy and financing reps, community organizations, PLHIV, IAPAC representative and/or IAPAC KOL (IAPAC clinician)  |
| **Time**  | **Event**  | **Format** | **Presenters**  |  |
| **City Overview** |  |
| 9-9:15 | Mayor’s Message  | Keynote | Mayor  |  |
| 9:15-9:30  | Introduction to the Fast-Track Cities Initiative  | Presentation | IAPAC representative, and/or Clinician leader (KOL)  | Refer to FTCI presentation slides in tech packet |
| 9:30-10  | Epidemiology Profile and HIV response  | Presentation  | City health official  | Baseline profile can be prepared in collaboration with IAPAC prior to this meeting |
| 10:15-12:15 | Review of Baseline Epidemiology and response | Facilitated Activity  | All  | Use Baseline Assessment Worksheet in tech packet to guide discussion regarding FTCI objectives in light of City response |
| 1-3 | Consultation Planning  | Round Table Facilitated Discussion | All  | 1. Introduce everyone in Task Force and define roles. 2. Draft agenda (see example consultation agenda provided later in this document)3. Determine speakers and LoP.4. Discuss financing for consultation, tentative dates and venue.  |
| 3-3:30 | Overview of next steps and Closing  | Speaker  | Task Force Chair  |  |

**2. City Consultation Agenda**

The FTCI City Consultation aims to bring together diverse stakeholders to develop consensus around 90-90-90 targets and initiate a coordinated response through the development of a city-specific action plan. The consultation and resulting action plan is based on the FTCI’s 5 implementation points which includes: Process and Oversight, M&E, Programs and Interventions, Communications, and Resource Mobilization.

Consultations are generally co-hosted by the Mayor’s office in partnership with the International Association of Providers of AIDS Care (IAPAC) and FTCI’s core partners, and co-chaired by the Mayor (or her/his designee), a clinician-leader, and a person living with HIV (PLHIV).

**City Consultation Concept Note**

***Fast-Track Cities Initiative***

The Fast-Track Cities Initiative is a global partnership between the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Association of Providers of AIDS Care (IAPAC), and the United Nations Human Settlements Programme (UN-Habitat), in collaboration with national, regional, and international implementing and technical partners. The initiative was launched on World AIDS Day 2014 in Paris, where Mayors from 26 cities from around the world met to sign a Paris Declaration committing themselves to accelerate and scale-up their local AIDS responses. Additional cities have subsequently signed the Paris Declaration, and negotiations are ongoing to recruit more Fast-Track Cities. Additional information regarding the initiative’s launch, including a list of cities is available at [www.iapac.org/cities](http://www.iapac.org/cities).

The FTCI is aligned with the UNAIDS Fast-Track Strategy and PEPFAR 3.0 by fast-tracking the AIDS response towards 90-90-90 and eventual epidemic control targets. The initiative includes a 90-90-90 certification and AIDS-free certification plan, which is the purview of IAPAC and its implementing and technical partners, who will work in concert with stakeholders from fast-track cities. Technical implementation of the FTCI is framed around a 5-element plan including: 1. Process and Oversight, 2. Monitoring and Evaluation, 3. Program Interventions, 4. Communications, 5. Resource Mobilization.

 ***[City’s] HIV/AIDS Response [to be completed by City]***

[Description of city’s epidemiology and cascade data, if city-level data not available, include national data]

[Background on city leadership and existing HIV response– ie. reports, meetings, advocacy activities, etc.]

[Brief description on strengths and gaps that the city needs to address. Examples of successes/gaps may include: addressing key populations; programming and successes/gaps through the cascade – testing, on ART, viral suppression; financing; monitoring and evaluation; communications - political advocacy/community wide engagement, etc.]

In a leadership effort to accelerate the city’s AIDS response and end the epidemic by 2030, Mayor XX signed the Paris Declaration on XX/XX/XXXX joining [CITY] in the global network of fast-track cities committed to achieving 90-90-90 and zero discrimination goals by 2020. [Include description of anything city has done since joining the FTCI].

We have the scientific tools and necessary leadership to achieve the ambitious 90-90-90 targets by 2020 and eventually end the epidemic in [City]. However, this requires solidarity and committed leadership. [CITY] believes this is an opportune time to convene stakeholders throughout the city for a consultation aimed and developing consensus around the city’s AIDS response, and forging a coordinated approach with 90-90-90 and zero discrimination targets in mind. Structured around the 5-element implementation framework, the consultation will define leadership roles and result in the development of [CITY’s] Action Plan to end AIDS.

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|  | **Notes** |
| **Fast-Trach Cities Initiative:** **City Consultation Agenda** | **This meeting will bring together the key stakeholders in the City HIV response to discuss FTCI and develop a FTCI action plan****1-2 days (adjust agenda accordingly)** **LoP – Mayor, Mayor’s office, city/county/state health department, HIV providers, CBOs, PLHIV/advocates, financing entities, IAPAC representative or IAPAC KOL (clinician leader)**  |
| Time  | Event  | Format  | Presenters  |  |
| **Overview** |  |
| 8:30-9 | Call to action  | Keynote | Mayor  | Introduce Task Force  |
| 9-9:30 | Fast-Track Cities Initiative  | Live or web conference presentation  | IAPAC representative and/or City IAPAC KOL  | This session will give an overview of the Fast-Track Cities Initiative and introduce the 5 implementation points. The presentation is included in the tech packet. Contact sravishankar@iapac.org if interested in having IAPAC present via web conference  |
| 9:30-10 | City’s Current Status  | Presentation  | City Health Official  | Presentation of Baseline Assessment Worksheet (completed during pre-consultation) |
| 10-10:15 | **Break** |
| **Process and Oversight** | Mayor’s Office or Chair of Task Force can be charged with lead |
| 10:15-11 | FTCI Process and Oversight  | Facilitated Discussion/Brainstorm Session  | Mayor’s Office | This session will define 1) further consultations and/or working groups -Working groups may be divided thematically, by implementation point (Process & Oversight, M&E, Programs and Interventions, Communications, Resource Mobilization), or by stakeholder category (i.e. government, community, health providers, health officials, etc.); 2) set expectations for stakeholders; and 3) Briefly address M and E (this is covered in detail later on) and approach to overall accountability for progress |
|  | **Notes** |
| **Programs and Interventions** |  |
| 11-11:30 | Existing Programming through the HIV Care Continuum  | Plenary  | City Health Team  | This session will briefly summarize programme interventions and strategy to reach 90-90-90 and other HIV control targets. For example, interventions could include the following:- Access to testing - Addressing linkage to care and retention- Addressing access to ART - Addressing viral suppression- Addressing stigma |
| 11:30-12:30 | What we need to reach 90-90-90  | Panel Discussion  | Mayor’s Office,Health Team,Budget and resources rep,PLHIV,Clinician  | This session will serve to Identify gaps and barriers in interventions through the care continuum with the purpose of facilitating discussion on leveraging existing interventions to address these gaps and barriers.  |
| 12:30-1:00 | Addressing Human Rights and Legal Barriers  | Panel Discussion  | PLHIV,Clinician,CBO or Advocate  | This session will address stigma, discrimination, and criminalization and its effect on access to HIV programs and interventions. It will also define the key populations and enable conversation around barriers (social and legal) that restrict KPs from accessing HIV services. Lastly it will facilitate discussion on what needs to be done to remove human rights and legal related barriers and improve engagement through the HIV Care Continuum.  |
| 1:00-2:00 | **Lunch** |
| **Monitoring and Evaluation** |  |
| 2-2:15 | Web Portal Interactive Demonstration  | Live or web conference  | IAPAC representative and/or IAPAC KOL  | This session will introduce the FTCI’s global M&E tool, the Fast-track Cities Web Portal. Contact sravishankar@iapac.org if interested in doing a web conference web portal demonstration. |
|  | **Notes** |
| 2:15-3:00 | Measuring Success  | Facilitated Discussion  | Health Official  | This session will introduce the key indicators used by all fast track cities and will aid in determining other indicators that are important for the city to measure. It will also enable stakeholders to set targets for indicators and timelines for reaching particular targets.  |
| **Communications** | Mayor’s office to take notes on communications ideas  |
| 3:00-3:45 | FTCI city-wide Communications Strategy  | Facilitated Discussion/ Brainstorm Session  | Mayor’s office  | This session will allow stakeholders to brainstorm a communications strategy aimed at: 1. improving visibility of the city’s AIDS response and the FTCI to garner community engagement- for example through social media or mayoral visits to clinics and community groups2. Informing internal and external stakeholders of initiative progress- ie. through internal recommended quarterly reporting and required annual reports. 3. Identifying a press/media strategy for the city.  |
| **Financing** |  |
| 3:45-4:45  | Financing the FTCI | Facilitated Panel Discussion  | Reps from jurisdictions responsible for HIV financing (i.e. city, county, district, province, state)  | The purpose of this session is to align city goals with the existing financing mechanisms. It aims to bring together financial decision makers in all relevant jurisdictions (federal, district, city, etc.) to align around a financing strategy for the city. Points for discussion may include: current allocation of funds; methods for maximizing funding efficiency; other methods for garnering funding.  |
| 4:45-5 | **Break** |
|  | **Notes** |
| **Action Plan Break Out Sessions** | These sessions will facilitate drafting the FTCI action plan draft around the initiatives 5 implementation points. Breakout groups will be asked to set concrete next steps and establish timelines. Ideally, each break out session will include one Task Force member, who would serves as the breakout group facilitator |
| 5-5:45 | 1. Process and Oversight 2. Communications  | Facilitated breakout session | Task Force |  Consolidate process and oversight and communications startegies based on the prior brainstorming sessions |
| M&E  | Facilitated breakout session | City health officials | Define indicators, set measurable targets and establish timelines  |
| Program Interventions | Facilitated breakout session | mix clinicians and health officials | Identify key interventions and develop plans to expand and leveratge these interventions to reach 90-90-90 goals.  |
| Resource Mobilization | Facilitated breakout session | city health officials, funding agencies | Draft a plan for financing FTCI which may include: - funding for programs and interventions- funding for communications- Capacity building from M&E and reporting - inter-city collaboration and meetings including international travel  |
| 5:45-6:15 | Action Plan Overview  | Presentation  | Break out group leaders  | This session will ask all breakout group facilitators to present a summary (5 mins each) of their piece of the action plan. The Task Force will be responsible for consolidating the pieces of the action plan and circulating the final FTCI action plan to participants after the consultation.  |
| 6-6:15 | Closing Remarks and Next Steps | Presentation  | Task Force member  |  |

**3. Working Groups/Post-Consultation**

Cities may choose to have multiple consultations or working group meetings to follow up on initiative progress. Based on the organization of the city’s response with consideration to initiative impact and efficiency, working groups may be divided thematically, by implementation point (Process & Oversight, M&E, Programs and Interventions, Communications, Resource Mobilization), or by stakeholder category (i.e. government, community, health providers, health officials, etc.).

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|  | **Notes** |
| **Fast-Trach Cities Initiative:** **Working Groups/Post-Consultation** | **8-10 participants – working groups are recommended to meet at least quarterly. Ideally each working group is chaired by a member of the Task Force.** |
| Time  | Event  | Format | Format  |  |
| 9-9:15 | Action Plan Recap  | Presentation  | Task Force chair or working group chair  |  |
| 9:15-10:00 | Progress Update – accomplishments and gaps | Facilitated Discussion  | All  | Session provides opportunity to refer to action plan and targets set during consultation. What targets were exceeded, reached, or not reached.The overall aim should be to determine which implementation elements need to be strengthened (Process & Oversight, M&E, Programs and Interventions, Communications, Resource Mobilization)  |
| 10-10:45 | Facilitators and Barriers  | Facilitated Discussion | All | Based on the progress update, this session identifies the facilitators and barriers that allowed the city to excel or fall behind on certain targets/areas.  |
| 10:45-11 | **Break** |  |
|  | **Notes** |
| 11-11:45pm | Draft Quarterly Report  | Facilitated Discussion  | All  | This session, facilitated by the Task Force chair (if a large consultation) or working group chair, allows the group to track quarterly progress. For reporting suggestions, you may refer to the *Reporting Template* in the technical packet. Quarterly reports should be no longer than 1-3 pages in length. Notes if using this agenda for working groups: - The Task Force may be responsible for collecting and consolidating working group reports into the city’s internal quarterly and external annual reports. - Depending on how working groups are structured, all sections of the reporting template may not be applicable and groups should complete relevant sections.  |
| 11:45-12:15 | **Lunch**  |  |
| 12:30-1:45 | Revise Action Plan  | Facilitated Discussion  | All  | Using input from the prior sessions, the group can re-evaluate the Action Plan and set new targets, next steps, timelines and measurable deliverables.  |
| 1:45-2  | Closing Remarks | Presentation  | Task Force chair or working group chair  | Re-cap next steps and plan for future consultations and or working groups  |