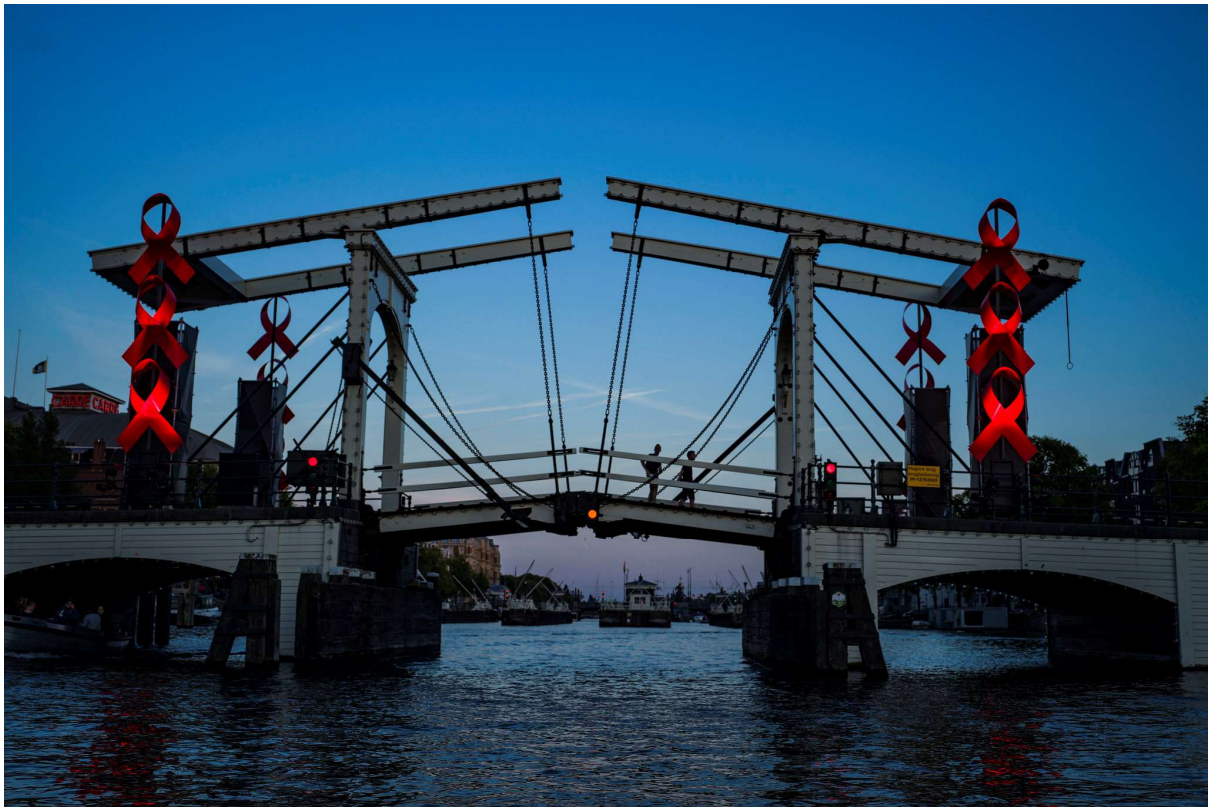
Aiming for zero new HIV infections in Amsterdam by 2026



29 May 2020

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Summary

In 2020, there are approximately 6,000 Amsterdammers infected with HIV. About 150 more Amsterdammers contract HIV annually. Although HIV has become a chronic disease that can be effectively treated, it does still affect an individual's health and the disease cannot be cured. Moreover, because HIV can be transmitted to other persons, it has implications for public health. For these reasons, Amsterdam places great importance on maximum prevention of new HIV infections. It is not without reason that people worldwide are striving to achieve zero new HIV infections. In Amsterdam, this goal is genuinely achievable, with 2026 as a realistic forecast. Thanks to the city's efforts over many years, this is now seen as a feasible, concrete ambition.

Since the early 1980s, Amsterdam has been working hard to fight the HIV/AIDS epidemic. Success has been achieved over the past 35 years thanks to the active involvement of many partners, both within and beyond the city. In fact, with its successful strategy, the Netherlands, and especially Amsterdam, have gained a very prominent position. But we are not there yet. In the words of the AIDS Fund (Aidsfonds): "AIDS is not over", not even in Amsterdam. However, this is an achievable, concrete ambition. In 2013, with this as their ultimate goal, the 'H-TEAM' (HIV Transmission Elimination Amsterdam) was formed: a collaboration of all partners involved in the HIV epidemic and led by Joep Lange, a globally respected doctor and researcher in the field of HIV, who tragically died in the MH17 air disaster. The assumption was that if for every individual, the relevant evidence-based prevention and treatment method is successfully implemented in combination, one could "strike an enormous blow" against the epidemic in Amsterdam. Those responsible for prevention and treatment have already achieved a lot. Together with the people of Amsterdam, they have worked towards this goal using both data and science.

Amsterdam wants to press ahead on this path with its partners. Thanks to all the effort so far, we can now define a point on the horizon: zero new HIV infections in Amsterdam by the end of 2026. This is an ambitious goal, but Amsterdam wants to take the lead in finally halting this epidemic in the Netherlands. And we have good reasons for setting this target:

- We want people to be able to live a life that is happy, healthy and free;
- Due to the risk of transmission, this disease has a major impact on public health;
- Vulnerable groups are particularly susceptible to infection, but often also to non-medical factors, such as stigma, taboo, discrimination or lack of access to healthcare;
- With its core values of liberty and the freedom to be yourself, Amsterdam has – and takes – a special responsibility, that others (worldwide) neglect or even undermine;
- We have considerable knowledge and experience, and we are in a position to conduct research, so we have a moral obligation to put these strengths to good use.

During the coming years we need to identify relatively small and differentiated target groups that still have a high risk of HIV infection. The 150 new annual infections is a group composed mainly of men who have sex with men (MSM) combined with high-risk sexual activity, MSM with a migrant background, and transgender persons. These are three differentiated groups that each require a targeted approach. Currently, too many relatively late diagnoses are made, enabling HIV transmission to continue. In Amsterdam there are probably around 300 infected people in the community who are unaware that they

are HIV positive, and by whom the infection remains undetected. We want to quickly find those people. We will therefore:

1) Bundle the current activities of all involved more effectively, and where necessary, seek innovative ways to refine the approach;
2) Lobby to identify and eliminate the last barriers to getting to zero new HIV infections in Amsterdam; *and*
3) More effectively tackle the various stigmas that surround HIV.

At this stage in the local epidemic, that means a need for maximum creativity to refine the current system wherever possible. The necessary minor adjustments can then be made to identify and help those small and differentiated groups, so we can achieve the ultimate result: zero new infections. For the coming years we have defined the following five focus points:

- Expand the possibilities for testing, including self-testing and community-based testing;
- Make large-scale use of pre-exposure prophylaxis (PrEP), a pill that prevents you from contracting HIV;
- Quickly start treatment of everyone diagnosed with HIV;
- Tackle the stigmas surrounding HIV;
- Share Amsterdam's experience with the rest of the Netherlands and the world, and learn from other frontrunners.

The City of Amsterdam does not stand alone. The H-TEAM has already played an essential role in confronting HIV in recent years. They have made a major contribution to the city's HIV prevention strategy. In the coming years we will also need the active involvement of our citizens, organisations, family doctors, hospitals, target group organisations, health insurers, government ministries (alongside the Ministry of Health, Welfare and Sport, VWS), the National Institute for Public Health and Environment (RIVM), special interest groups, and many other involved partners. The city now invites all of them to work with us to achieve the goal of zero new HIV infections in Amsterdam by 2026.

The history of HIV in Amsterdam

The first patient in Amsterdam with AIDS was admitted to an Amsterdam hospital at the end of 1981: a man who had sex with men. At that time, no one had any idea what was wrong with the patient. By early 1982, Jan van Wijngaarden was at last able to make the diagnosis (at that time he was an intern, and later played an important role in the fight against AIDS). That year it also became clear that this was not just about men who had sex with men, but also people who injected drugs, and people who had received infected blood from a donor. The epidemic rapidly spread. By the mid-1990s, AIDS was the leading cause of death in Amsterdam among men aged 30 to 45 years. Up to the year 2000, more than 6,000 people in the Netherlands had been infected with HIV, and over half of them had died.

Because no effective antiretroviral therapy was available in the 1980s, within a few years, an HIV infection would develop into AIDS, a deadly disease. In that respect, the 1980s and early 1990s were a bleak period with much suffering, little hope, and few possibilities to turn the tide. We lost many Amsterdammers to this disease. Moreover, it created a deep-seated stigma associated with HIV, which – alongside the pain of losing a loved one – has brought additional pain to those who have to live with HIV.

Amsterdam responded quickly, and with a high degree of political involvement. It was in early 1983 that the City Council first asked the College of Mayor and Alderpersons to take action on the still-unknown virus. The epidemic had hit Amsterdam hard due to its relatively large population of men who have sex with men. In Amsterdam, the epidemic affected not only men who have sex with men: it also spread among sex workers, migrants from worldwide HIV hot spots, and intravenous drug users. Actions were initiated to address these four target groups. Two aspects were particularly important:

1. Homosexuality is not punishable. This means that an open dialogue is possible here regarding sexuality and sexually transmitted diseases. This also enabled information and recommendations for modified sexual behaviour to be disseminated, aimed at preventing new infections (for example, increased use of condoms);
2. The use of drugs is not punishable. In Amsterdam we were therefore able to start exchanging needles (to prevent virus transmission via dirty needles) and providing safe drug injection rooms so users could avoid the illegal circuit.

At the time of publication of this memorandum, HIV is no longer a death sentence in the Netherlands, but there is still no cure. People continue to contract an HIV infection. In Amsterdam in 2018, 150 people received this diagnosis. To banish new HIV infections from Amsterdam once and for all, we have to set and achieve an ambitious goal.

Alongside active detection, directed information and other targeted actions, there is more that we have done. A study was also set up in 1984 to monitor the development of HIV in Amsterdam: the Amsterdam Cohort Studies on HIV. This was established by Frank Miedema, Joep Lange, Sven Danner and Roel Coutinho, each of whom contributed their own specific expertise. The participants (gay men and people who used drugs) were seen at the Public Health Service of Amsterdam (GGD). Gay men continue to participate in what is now one of the world's longest-running HIV cohort studies. This is an example of how Amsterdam has not only tried to keep people informed, but has also always held research to be an important basis for rapid decision making in response to changes in the everyday situation. Over the past five years, the H-TEAM has played an important role in strengthening and renewing the approach

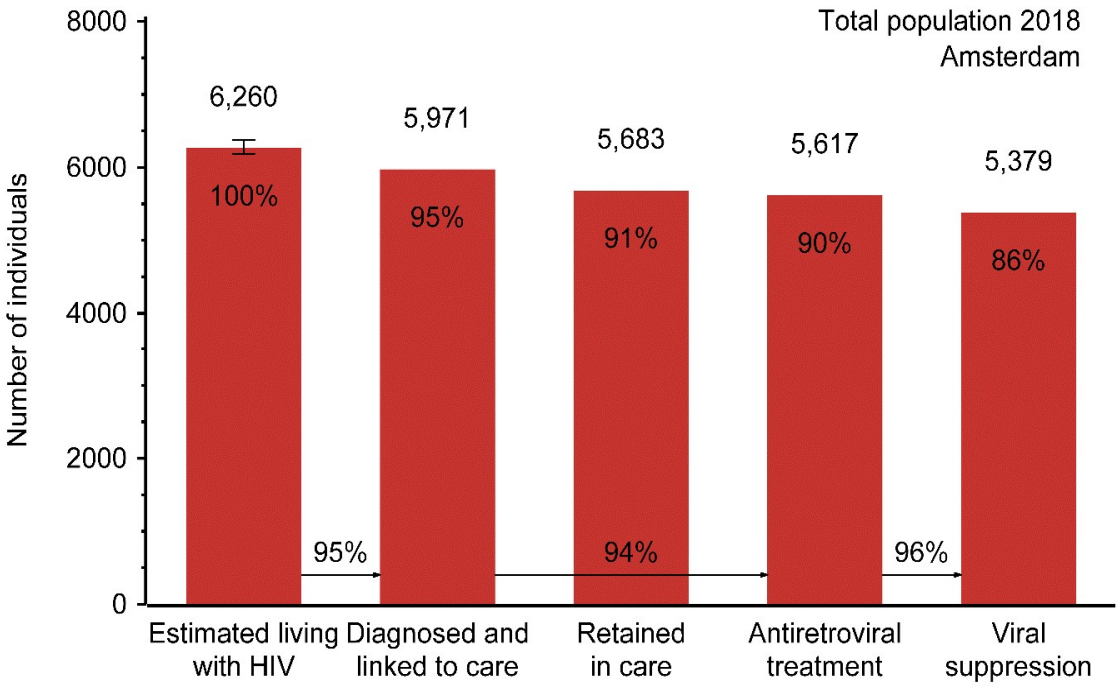
to HIV in the city, resulting in better cooperation between all parties involved. H-TEAM innovations that have proven effective deserve to be safeguarded, and this will therefore form part of the strategy for the coming years. All partners involved will need to play their part in this.

Eliminating HIV in Amsterdam (circa 2019)

Amsterdam has already achieved much in the fight against new HIV infections and we will continue to do so in the coming years. Thanks to all our efforts and successes so far, we can now define a point on the horizon: Amsterdam aims to reach zero new HIV infections in the city by 2026. This is an ambitious goal, but Amsterdam wants to take the lead in finally halting this epidemic, because:

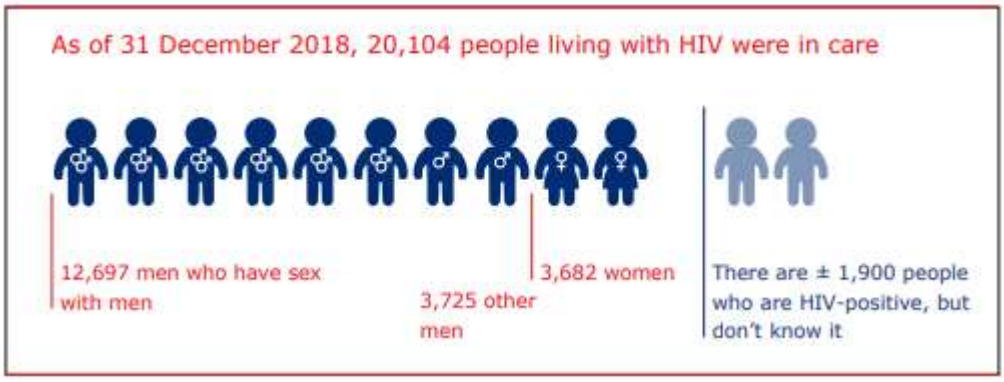
- We want people to be able to live a life that is happy, healthy and free;
- Due to the risk of transmission, this is a disease that has a major impact on public health;
- Vulnerable groups are particularly susceptible to infection, but often also to non-medical factors, such as stigma, taboo, discrimination or lack of access to healthcare;
- With its core values of liberty and the freedom to be yourself, Amsterdam has – and takes – a special responsibility, that others (worldwide) neglect or undermine;
- We have considerable knowledge and experience, and we are in a position to conduct research, so we have a moral obligation to put these strengths to good use.

In its fight against the HIV epidemic, Amsterdam currently has the upper hand. These are the latest figures from the HIV Monitoring Foundation (Stichting HIV Monitoring):



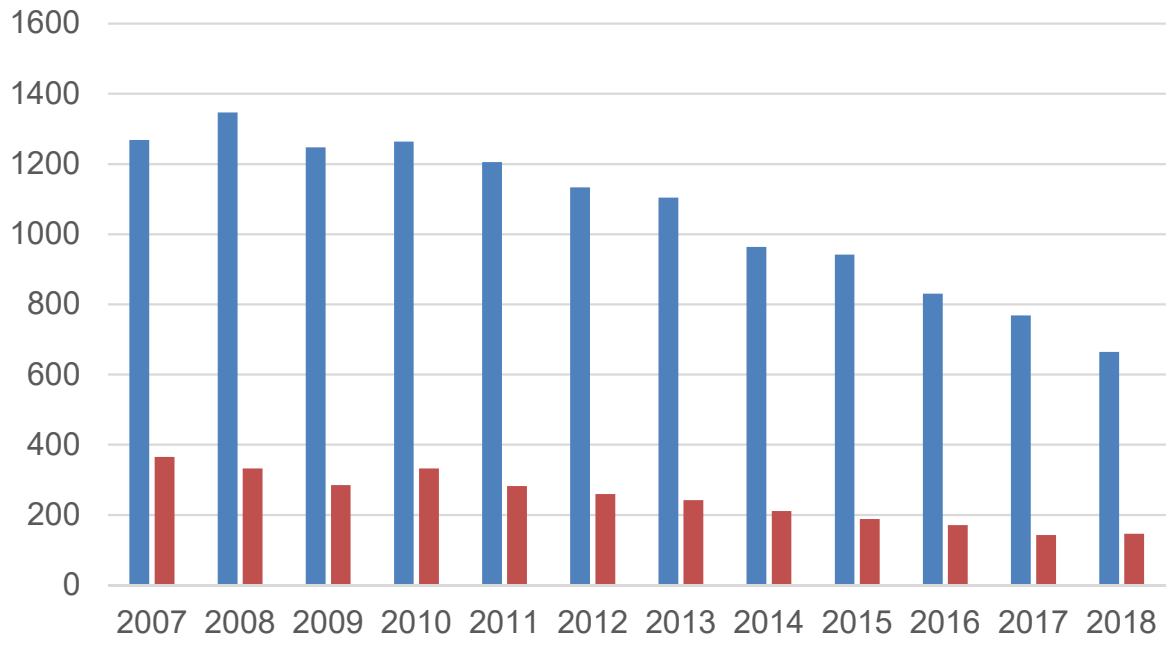
Explanation of the figure above: there are more than 6,000 people infected with HIV in Amsterdam. In 86% of those, the HIV virus cannot be detected. This also means that the virus is no longer transmittable (U = U, Undetectable = Untransmittable; see also Focus point 4). The percentages within each red bar indicate the proportion of the total group. Of the Amsterdammers with HIV, 95% are aware of their status. 94% of those people are receiving antiretroviral treatment. The virus is undetectable in 96% of that group.

The figure below shows the national figures in absolute numbers for people in care:



For Amsterdam, the numbers are as follows: per 31 December 2018, 5,665 people in care: 4,267 men who have sex with men (MSM), 705 other men, 693 women. The difference (18 people) between this number and the 5,683 people 'retained in care' in the first figure is caused by a delay in the administration of reported HIV infections. About 300 people in Amsterdam are not yet aware that they are HIV positive.

This is the trend in the number of new diagnoses in HIV treatment centres, both nationally and in Amsterdam:



Blue is the national number of diagnoses; red is the number of diagnoses in Amsterdam

In Amsterdam therefore, around 300[1] people are still unaware of their HIV-positive status. This number is an estimate based on scientific research according to internationally accepted standards. We are currently recording some 150 new diagnoses per year in Amsterdam. The STI outpatient clinic of the GGD diagnoses approximately 100 new HIV cases annually (up to 2018 inclusive), approximately 90% of whom are men who have sex with men. Most of the remaining diagnoses are made by Amsterdam GPs, and a small number are made in HIV treatment centres. Traditionally, there are four groups with a higher risk of having HIV: men who have sex with men (MSM), people with a migration background, sex

[1] These are people living in the City of Amsterdam at the time of their HIV diagnosis.

workers and people who use drugs. The new recently-acquired infections are mostly MSM (including MSM among migrants); other migrants with new diagnoses often have a longer pre-existing infection. For a long time, extremely few new HIV infections have been detected among sex workers and intravenous drug users in Amsterdam. This shows that Amsterdam has previously pursued a highly effective policy regarding these groups. This policy includes low-threshold 'harm reduction': programmes that entail the provision of methadone and the exchange of syringes and needles for intravenous drug users. For sex workers, the city is already pursuing an active policy on safe working practices so that sex workers can better protect their own health. As an example, the city has initiated and financed the Prostitution and Health Centre (*P&G292*).

Current figures therefore show that Amsterdam is already well on the way to zero new HIV infections. To complete the last stretch of the journey to zero, we need several intensifications. The 'haystack' has been reduced to a number of smaller 'hay bales' that call for a more targeted approach. Breaking down the big haystack gives us a good starting point for working with differentiated groups. For us to get to zero new HIV infections by 2026, Amsterdam's efforts in the coming years will focus on more testing, faster treatment following a positive test, large-scale use of PrEP, tackling the stigmas surrounding HIV, and sharing what we have learnt with other cities and countries.

Focus points for the coming 7 years

Focus point 1: Expand the possibilities for testing, including self-testing and community-based testing

At present, some 300 persons in Amsterdam are not yet aware that they are HIV positive. It is likely that people with no knowledge of their positive HIV status are causing some of the new HIV infections in Amsterdam. The emphasis in this case is on MSM and MSM with a migration background. The risk of transmission is greatest in the acute phase of the infection, i.e. in the first months after contracting the infection. Late diagnosis of some members of this group also helps the epidemic to persist (although this group makes only a minor contribution to new infections). Moreover, a late diagnosis is also detrimental to the individual's own health.

Given this combination of factors, we in Amsterdam need to work hard to detect these infections as early as possible. What that mainly comes down to is: lots of testing, especially among those with an elevated risk of HIV. We must also search for possibilities for self-testing and community-based testing. This means we will need to develop new ways of working in the coming years. A good example of this can be found in New York, a city with which we want to intensify our cooperation in the near future. New York works effectively with the various communities that make up the city (and there are many) and has developed different methods to reach those communities. We still have room to improve in Amsterdam. Considering that the residual group with an HIV infection is diverse and composed of smaller populations, you also need more testing to find that smaller group. It is at least equally important that we find people with a high risk of HIV infection before it is too late, and that we deploy adequate prevention and PrEP sufficiently early to prevent HIV infections.

Amsterdam has therefore decided to take the following actions:

- Renovate the Sexual Health Centre (STI outpatient clinic) of the Public Health Service of Amsterdam (GGD Amsterdam), providing extra capacity for more tests annually through a different way of working. The capacity of the STI outpatient clinic has already been discussed by Amsterdam's City Council, during which it expressed concerns regarding the capacity of the outpatient clinic. The STI outpatient clinic then looked for examples abroad and was inspired by the Dean Street Clinic in London. This resulted in the development of a new working method in the STI outpatient clinic. This new working method entails the intake largely being performed digitally by the client themselves, which frees up medical staff capacity for the actual consultations. Compared to 2017, this is expected to increase the number of consultations per year by 10%. As a result, we can now test efficiently and comprehensively, including for HIV. This kills several birds with one stone: the timely detection of HIV, hepatitis and other STIs, *and* the deployment of effective prevention.
- Encourage GPs to also test more frequently for HIV. In principle, the STI outpatient clinic is a supplementary facility to general practitioner healthcare. GPs are the first line, and therefore also the first point of contact. However, because the cost of laboratory testing via the GP must be paid from the patient's health insurance deductible, this can act as a hurdle. By comparison, thanks to central government funding, testing is free of charge via the STI outpatient clinic for clients from the high-risk groups (which also includes young people up to age 25). This means that people from outside these groups must rely on their GP for testing for HIV and STI. Amsterdam wishes to lobby

jointly with partners to reinforce basic health care around HIV, hepatitis and STIs, and stop this testing being charged against the deductible. Although this will not be an easy lobby, it is certainly worth attempting.

- In addition, there are other partners who are willing and able to test for HIV infections informally. We can help these parties and use them to detect new HIV infections as quickly as possible. The main point is not who does the testing, but that we should use every available channel to detect HIV infections as quickly as possible. Developments in the field of internet/e-health may also provide a solution in the short term. Amsterdam and its partners are closely following these developments with the aim of using them as quickly as possible.
- Stimulate maximum effort for HIV testing precisely in those geographic areas where the most HIV infections are detected or expected – also referred to as 'target areas'. Incidentally, this should be combined with testing for hepatitis B and C, as these infections are also relatively common in these areas. Testing for HIV could also be combined with testing for other conditions, such as high blood pressure and diabetes. In general, persons with a lower level of education are less likely to find their way to the STI outpatient clinic. For this reason, consultations are already being offered at locations in the city districts of Zuidoost, West and Noord. The GGD is investigating whether this can be extended further. Where possible, further expansion will be based on data in those areas. Activities in the neighbourhood or other suitable locations could also be run from the STI outpatient clinic. Information regarding testing for HIV and other infectious diseases is regularly provided to GPs via permanent education. In the target areas we intend to involve GPs more intensively in HIV testing.
- Home tests for HIV are developing rapidly and may become a welcome boost to testing as much as possible for HIV. In particular, for those groups who are still subject to a taboo concerning HIV, a home test in complete privacy can be a perfect option. This will require some counselling to clarify what to do in the event of a positive test. Organisations for people with a migration background could also provide support with these self-tests. Useful knowledge gained by GGD Amsterdam during an earlier experiment with HIV self-tests can also be shared. It is equally important that people know what to do in the event of a negative test: how can you best protect yourself from HIV? For example, is PrEP a solution for this? This should become another major component.
- In the event of a positive infection test, partner testing is a useful tool to quickly determine whether people in the immediate circle have also contracted an infection. As mentioned previously, the detection of an acute infection is vital, because in this stage, the risk of transmission is greatest. Amsterdam structurally increased its budget for this purpose in 2019.
- The government is currently funding Supplementary Sexual Healthcare (ASG scheme). This pays for personnel costs and maintenance of the STI clinic, as well as laboratory costs for performing STI tests, and the treatment of detected STIs. The scheme also pays for preventive tasks, such as counselling and guidance. It is greatly important that these services remain available. The ministry is currently evaluating the progress of the entire ASG scheme. It is still unclear whether this financing in its current form will be continued, modified or reduced. Amsterdam will continue to monitor this development closely and take action where necessary.

As can be seen in the figure from the HIV Monitoring Foundation at the top of page 8, almost two-thirds of those in the Netherlands who live with HIV are men who have sex with men. For Amsterdam, this is more than 4,200 of the 6,000 total people with an HIV infection. Men who have sex with men therefore automatically form a key target group for driving down the number of new HIV infections. Several interventions have already been developed for this group, including low-threshold testing, on-site testing, and recently also, making PrEP available to the group of men who have sex with men who are at

high risk of HIV. Moreover, in 2017 the City Council also provided funding for medical supervision to be provided to men who have sex with men who use PrEP informally (outside the regular channels). The most important action is to make PrEP widely available for men who have sex with men (see also Focus point 2). As stated earlier, the MSM group is heterogeneous: in about a third of MSM cases, the infection is diagnosed late, which means that the entire population is not yet properly served. Likewise, this can and must improve in future.

Among people living with HIV, we also observe that groups of people with a migration history form a relatively large proportion. The distribution of the regions of origin of people with an HIV infection in the Netherlands is approximately as shown below[2]:

Region of origin – Caribbean area 835 (4%) – South America 1,400 (7%) – Elsewhere 1,294 (7%) – Unknown 67 (<0.5%) – The Netherlands 11,735 (60%) – Western Europe 1,028 (5%) – Sub-Saharan Africa 2,523 (13%) – South and Southeast Asia 700 (4%)

As can be seen above, approximately 40% of all people with an HIV infection in the Netherlands have a migration background. Some of these belong to the group of men who have sex with men. Only some of the total people with a migration history are already HIV-infected when they arrive in the Netherlands. Recent European research has shown that some, especially gay men with a migration history, contract HIV after their migration. For these reasons, we are taking the following actions:

- We are going to educate newly-arrived residents of Amsterdam with a migration history as quickly as possible about sexual health and the healthcare that the GGD and GPs can offer them. We also want to try to offer a general health check, including HIV, but also blood pressure test, vaccinations and other components. This is a way to help migrants protect their sexual health. Sex education is often sparse in their countries of origin, especially in those countries where men who have sex with men are still criminalised. It is important to inform and educate as soon as possible, as the research mentioned above showed that an HIV infection is often contracted in the first few years after arrival in the Netherlands. Extra attention must be paid to LGBTI/MSM groups. Upon arrival in the

[2] HIV Monitoring Foundation, Monitoring Report 2019

Netherlands, many people with a migration history may be inclined to finally experience their sexual freedom. That is yet another good reason to quickly engage these groups of people with a migration history and to organise sexual and reproductive education combined with frequent testing and possible provision of PrEP. A good example of interventions that have already been developed are the 'sexy side meetings', at which Soa Aids Nederland, GGD Amsterdam and target groups jointly organise meetings where LGBTI refugees/asylum seekers can have themselves tested for HIV and other STIs, and also receive the hepatitis B vaccination.

- Improve cooperation in Amsterdam with organisations for people with a migration history, especially from countries where HIV is endemic, so that new arrivals can also be informed about sexual and reproductive health from within that community. Within certain groups of people with a migration history, the prevailing notions regarding HIV are sometimes not conducive to good sexual health and healthcare. More about this in Focus point 5.
- Undocumented persons are a group that requires separate attention. They likewise have access to testing (at least, at the STI outpatient clinic and facilities such as the Kruispost – a clinic for people without access to regular healthcare), but again, good communication is vital to make these people aware that they can do this anonymously. Moreover, attention must be given to proper referral and guidance to sources of care in the event of an HIV infection.
- Transgender persons may have an above-average risk of HIV. Transgender persons are eligible for PrEP but are not yet being adequately reached. In the coming period we will select the actions that may work better for this target group. We will also try to learn from our partners in other countries.

Focus point 2: Large-scale implementation of the use of PrEP

Amsterdam has worked for several years on the implementation of PrEP. PrEP is a medication that *prevents* you from contracting HIV, even if you have sex without a condom. This can inhibit the spread of HIV. Alongside the existing interventions, PrEP is a very effective method for prevention of new HIV infections. This does not alter the fact that it is always essential to use a condom when having sex with multiple partners. The main target group for PrEP are MSM and transgender persons who do not have HIV, but do have a heightened risk of HIV infection. According to the national professional PrEP directive, these are persons who have had either: unprotected anal sex in the previous six months; a rectal STI or syphilis diagnosis; or treatment with PEP in the previous six months (one-month treatment with HIV antiretroviral medication to prevent HIV infection *after* unprotected anal sex). Amsterdam is in favour of large-scale implementation of PrEP, in the light of Dutch and foreign research that indicates that the use of PrEP is effective in the *prevention* of an HIV infection, and is also both acceptable and safe. 'Large-scale' in Amsterdam means making PrEP available to approximately 7,800 males and transgender persons with an indication for PrEP, based on scientific research.[3] In addition, there will also be a group of males who wish to use PrEP, even when they have no individual indication, because of the extra protection offered by PrEP.

We are one of the first cities in Europe to start a PrEP rollout in the form of a demonstration or pilot project, partly based on experience from San Francisco, one of the cities with which Amsterdam collaborates in the field of HIV. In addition to this first Amsterdam PrEP implementation study – financed by public research funds (ZonMW) and the H-TEAM, with recent co-funding from Gilead Sciences, who also provided the PrEP medication – as of 2017, Amsterdam's City Council has also made it possible to provide medical supervision for users of PrEP who have arranged their own PrEP medication.

Offering PrEP creates a genuine possibility that people who could previously not be reached will now receive care and will be offered an HIV and STI test. This means people will also be reached who are as yet unaware of their positive HIV status, because their HIV status is determined during the intake for PrEP. By identifying these people and bringing them into care, further transmission of HIV is *prevented*, which in turn contributes to halting the HIV epidemic. This is another reason for Amsterdam to embrace PrEP. PrEP users are currently being monitored every three months for possible health effects, along with testing for STIs and HIV. This also provides a better picture of a group with an elevated risk of HIV, and other infections, such as hepatitis B and C, while bacterial STIs can also be detected and treated at an early stage.

On 11 October 2016, the Ministry of Health, Welfare and Sport (VWS) asked the Health Council of the Netherlands (Gezondheidsraad) for its advice regarding PrEP. The Health Council issued its advisory report on 27 March 2018. In that advisory report, the Health Council stated that PrEP is an important and cost-effective tool for prevention of future HIV infections. The Minister subsequently (10 July 2018) decided that PrEP would be provided within a pilot setting for a period of five years to the high-risk group of men who have sex with men and transgender persons with an increased risk of HIV. The number of participants is capped at 6,500. The RIVM estimates indicate that approximately 250 new HIV

[3] Coyer L, van Bilsen W, Bil J, Davidovich U, Hoornenborg E, Prins M, et al. Pre-exposure prophylaxis among men who have sex with men in the Amsterdam Cohort Studies: Use, eligibility, and intention to use. PLoS One 2018; 13(10):e0205663.

infections per year will be prevented if 6,500 men in the Netherlands start using PrEP. Users must pay a personal contribution of €7.50 per month. They are also required to attend quarterly medical follow-up consultations. An interim evaluation takes place after three years, and after five years there will be a full evaluation of the effect of PrEP on new HIV infections in the Netherlands.[4] This national programme started in August 2019.

Of this total of 6,500 places in the project, approximately 2,200 places are available at the STI clinic in Amsterdam. However, from a conservative estimate made by GGD Amsterdam, at least 4,000 of the estimated 7,800 men with an indication need PrEP. Some of these men will already be using PrEP through their GP. However, it is suspected that the 2,200 places allocated to the STI outpatient clinic is insufficient for Amsterdam. Amsterdam is therefore taking the following steps:

- Since 15 September 2019, the GGD has included as many men as possible with an indication for PrEP in the national PrEP pilot. Due to the size of the group, not everyone can participate at the same time. The GGD has only marginally sufficient financing from the national funding for this. Should the available financing prove insufficient, Amsterdam will make a case to the government for additional funding.
- The GGD is not the only place where men can receive PrEP treatment. General practitioners are also an important partner in this, certainly for the less vulnerable, as PrEP via the GP involves personal costs for PrEP and laboratory tests. GGD Amsterdam has played an active role in educating GPs on PrEP and STIs, and will continue to do so in the future. The financial benefit is less important for those men who obtain PrEP through their GP. Incidentally, many general practitioners in Amsterdam readily cooperate in the provision of PrEP, and regard this as basic healthcare. This is even though their national umbrella organisation (LHV) emphatically does *not* regard PrEP provision as basic healthcare, and country-wide there is also resistance to this extension of the tasks of GPs, who often already feel overloaded. Nevertheless, GPs are an important player in PrEP because they can propose it to MSM who qualify but are unaware of PrEP (e.g. a patient with syphilis), and at patient discretion, prescribe PrEP or refer the patient. This supports the goal of bringing the group that is unaware of PrEP into preventative care, an important challenge in the future. Well-informed MSM are often very capable of finding their way. Amsterdam's GPs have also arranged a budget with health insurers to ensure that this provision of PrEP runs as smoothly as possible.
- Amsterdam will make a case to VWS to increase the number of places assigned to Amsterdam, long before the GGD is forced to decline new requests from qualified persons for provision of PrEP.
- Regardless of the outcomes of the announced national interim and final evaluations, Amsterdam will continue to strongly advocate the use of PrEP as a supplementary biomedical tool to bring the HIV epidemic to a halt in Amsterdam. As stated earlier, PrEP care also enhances the detection of other STIs and viral hepatitis in a group of people who have a heightened risk due to their sexual behaviour, and therefore can also reduce the spread of those infections.
- The GGD will increase its efforts to inform and provide care for young MSM, MSM with a migrant background, and transgender persons with risk factors for HIV infection.

[4] https://www.rijksoverheid.nl/actueel/nieuws/2018/07/10/preventieve-hiv-remmers-prep-worden-verstrekt-voor-een-periode-van-vijf-jaar

- PrEP is of course not the only action planned for the group of men who have sex with men. As already stated, it remains important to give attention to a range of aspects, such as testing, a motivating dialogue to stimulate condom use, dealing with chemsex (the use of drugs related to sexual contact), information about what it means to have an HIV infection and how you can protect yourself and others by being treated (U = U, Undetectable = Untransmittable, see also Focus point 4).

Focus point 3: Quickly start treatment of everyone with a positive HIV diagnosis

The moment an HIV diagnosis is made, you want treatment to start as soon as possible. In principle, this is now well-organised for Dutch citizens, people from outside Europe, and – based on the Klazinga report[5] – for undocumented migrants. This is good for the individual's own health and prevents the possible spread of HIV to others. Amsterdam wants to take the following actions to ensure treatment starts quickly following an HIV infection diagnosis:

- Reduce or eliminate any barriers that may hinder a seamless transition (for the patient) between prevention and treatment of the infection. This will always be done in consultation with the healthcare sector. The question that remains is, when an HIV infection is detected at the STI outpatient clinic, whether initial treatment should immediately be started at the clinic and subsequently continued at an HIV treatment centre.
- Maintain existing initiatives to track down more people in the acute phase of HIV infection. The H-TEAM has already developed an approach to detect HIV more effectively in the acute phase. The website 'Do I have HIV?' (www.hebikhiv.nl) has been developed, including an online tool that advises whether someone should be tested for an acute HIV infection.
- Stimulate approaching the treatment of HIV in a broader context. Treatment of the HIV infection is not solely dependent on access to medication. Many more issues can play a role, such as poverty, psychosocial problems, or housing. In such cases, it is important to properly establish contact between the HIV care provider and other organisations involved.
- Consult with HIV care providers to identify potential areas of improvement for which Amsterdam can lobby among its partners in healthcare.

Unfortunately, the smooth transition from positive diagnosis to treatment has only recently become applicable for another category: Eastern (and other) Europeans. We are now gaining initial experience with organising HIV care for a small number of infected Eastern Europeans. According to signals from the field, so far this has created a considerable administrative burden. Amsterdam will closely monitor whether this care is also properly getting under way, and if necessary, lobby the parties involved for a more efficient process for administering the delivery of this healthcare. There is also the group of HIV-positive sex workers who are working here on a valid tourist visa, particularly those from Central and South America. We still need to find the best way to provide HIV care to this group.

When a person starts treatment, their compliance with the therapy is essential. Informal care to improve compliance can be important, such as a buddy system. In recent years, various organisations have set up buddy projects for this purpose. Such projects to support compliance will also be necessary in the future. Amsterdam depends on its partners for this, just as the partners can count on Amsterdam.

[5] Klazinga, NS (2007): Report of the Commission on Medical Care for (probable) rejected asylum seekers and illegal aliens

Focus point 4: Tackle the stigma surrounding HIV

Various actions have already discussed the need for a comprehensive approach to providing testing and HIV care among high-risk groups. A major barrier to this is stigma. This can range from stigma surrounding HIV testing, to discrimination against people living with HIV, stigma about living with HIV itself, stigma surrounding HIV within a certain community, and stigma among professionals (in healthcare).

Especially in those groups where the risk of infection is high, we will have to do more to tackle the stigma surrounding sexual health and HIV testing. HIV testing needs to become a much more normal part of sexual health for everyone. Amsterdam is consulting with partners involved in this field to investigate how the city can contribute to combating the stigma surrounding HIV.

Living with HIV is also an important aspect where stigma must be tackled head-on. It is now time to change the perception held of people with an HIV infection, in the light of current therapies for the infection, which have greatly improved. It has recently been convincingly demonstrated that with proper treatment of an HIV infection, there is no longer a risk of transmission of the virus to others. This is why it is so important to identify and treat the people who have an infection as quickly as possible, because that treatment provides health benefits not just for the infected person, but by preventing the spread of the virus, for the community as well.

To spread the message of 'A suppressed virus cannot transmit the infection', the U = U campaign was rolled out worldwide: 'Undetectable = Untransmittable'. In the Netherlands, this message was propagated in a targeted campaign with the language-adapted slogan n = n: '*niet meetbaar = niet overdraagbaar*'. This message can contribute to reducing the stigma and encouraging (more frequent) testing for HIV: you can live comfortably with an HIV infection and you can avoid passing the virus on to others. This campaign was run in the Netherlands by the Hiv Vereniging (HIV Association). It is not known whether this campaign actually reached the public at large. The Hiv Vereniging has also indicated that this could be managed better and more structurally. In future, Amsterdam will consider how this initiative can be brought to the attention of national parties, so that the Hiv Vereniging can run this campaign to its full potential.

Like many special interest groups, Amsterdam is also noticing a trend of declining tolerance regarding sexuality that departs from the norm of heterosexuality. Amsterdam gives considerable attention to this via the regenboogagenda (rainbow agenda). From the perspective of HIV policy, we will align with this agenda as much as possible and also use this channel to tackle stigma.

Right now, the city has no stated actions specifically aimed at tackling stigmas. Regarding stigma surrounding e.g. homosexuality in general, Amsterdam has already formulated its policy within the rainbow agenda. In the near future we will determine whether new or different public information or a different approach is necessary to specifically tackle the stigma surrounding HIV, such as with the U = U campaign.

Focus point 5: Share Amsterdam's experience with the rest of the Netherlands and the world, and learn from other frontrunners

Amsterdam is a responsible and inclusive capital. Moreover, it is one of the frontrunners in the fight against the HIV epidemic. This was also acknowledged by UNAIDS in a publication that cited Amsterdam as an example. For this reason, Amsterdam feels a duty to share its knowledge with other cities in the Netherlands, Europe, and beyond. At the same time, Amsterdam can also learn from other cities at the forefront of the fight against the HIV epidemic. PrEP is a good example: in its approach under Focus point 2, Amsterdam learned and benefited from the experiences of San Francisco, so that in the European context the city could anticipate and prepare for the use of PrEP.

When Amsterdam signed the Fast Track Cities covenant in Paris on 1 December 2014, it was the first of 26 cities to do so. The cities that signed the 'Fast track cities initiative' declared their endorsement, and intention to achieve by 2020 the targets of the Paris Declaration, which was based on the UNAIDS '90-90-90' targets in 2014. These targets were:

- 90% of people with HIV are aware of their HIV status
- 90% of those who know their status are in treatment
- 90% of those in treatment have an undetectable viral load (virus cannot be detected in the blood and is therefore no longer transmittable).

Amsterdam achieved 90-90-90 in 2017 and is now aiming for 0 new HIV infections and 99-99-99 by 2026.

The Fast Track Cities covenant is currently being rewritten to extend its scope further from solely HIV to include hepatitis B+C and tuberculosis. This is in alignment with the hepatitis B and C prevention and treatment action plan in Amsterdam, which is coordinated by the GGD. The aim of this plan is to promote awareness, prevention, detection and access to care and treatment, and to improve the health of Amsterdammers infected with hepatitis B or C.

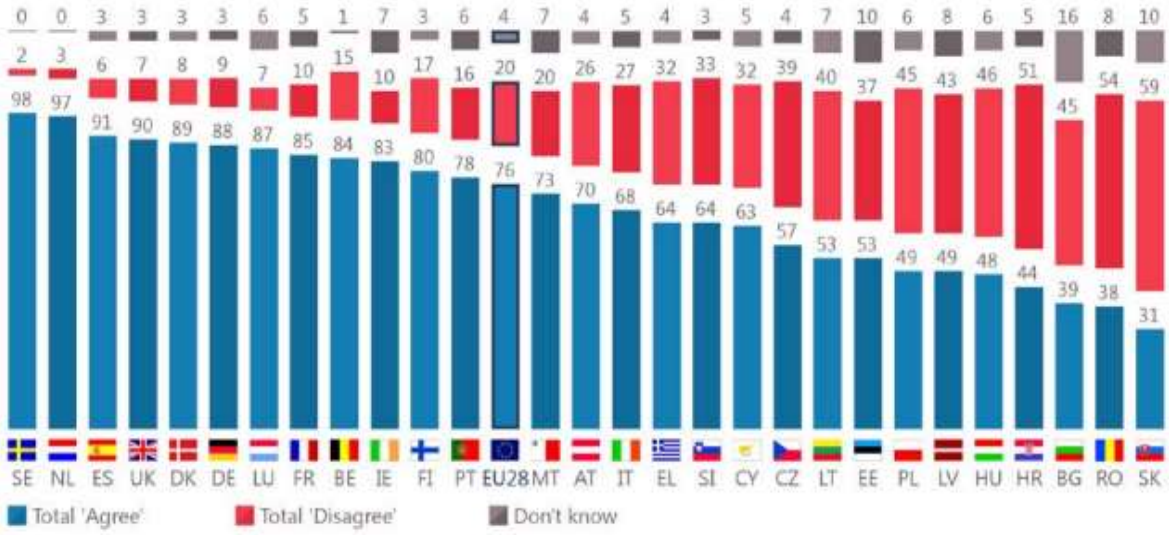
Amsterdam is taking the following actions to share its own experience internationally, and where necessary to learn from others:

- Where this is possible and relevant, Amsterdam will share the knowledge it has gained by submitting presentations and/or papers to scientific conferences;
- In 2021, together with Soa Aids Nederland, Amsterdam is hosting the international STI&HIV 2021 World Congress – the most important congress in the field of STIs worldwide – in keeping with its position in the world; due to COVID-19 the congress will be held virtual.
- GGD Amsterdam and partners represent Amsterdam in the activities arising from the Fast Track Cities covenant, including attendance at regional (European) workshops and, where possible, taking the initiative under the covenant to also learn from other frontrunners;
- Amsterdam welcomes other cities that want to learn from us, and we will continue to update our own knowledge by exchanging experiences with other leading cities, including London, San Francisco, Paris and New York;
- Amsterdam shares its knowledge and experience with international organisations such as the World Health Organisation (WHO) and the (European) Centres for Disease Prevention and Control (CDC).

Within the context of reducing the number of HIV infections, Amsterdam is gravely concerned about developments in Central and Eastern Europe. Although the trend in Western Europe is downward, in Eastern Europe we see an upward trend. This has little or nothing to do with the availability of medication, rather more with the (increasing) intolerance for the rights of the LGBTQI+ population in Eastern Europe. This was evident from a recent study by the European Union[6]:

QC15.1 To what extend do you agree or disagree with each of the following statements?

Gay, lesbian and bisexual people should have the same rights as heterosexual people (%)



6 https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/Survey/getSurveyDetail/instruments/SPECIAL/search/discrimination/surveyKy/2251

Our partners

Amsterdam is working to bring the number of new HIV infections down to zero through cooperation and an action plan. In 2015, various parties in Amsterdam and beyond bundled their innovative activities to combat HIV in the H-TEAM (HIV Transmission Elimination Amsterdam). The H-TEAM includes the following partners: Amsterdam University Medical Centres, Soa Aids Nederland, GGD Amsterdam (and thereby the City of Amsterdam), Hiv Vereniging, AIGHD (Amsterdam Institute for Global Health and Development) and the HIV Monitoring Foundation. Several other HIV treatment centres are also affiliated, including Erasmus MC, Radboudumc and LUMC, and the Amsterdam GPs are also represented. The H-TEAM is financially supported by several pharmaceutical companies, the AIDS Fund (Aidsfonds) and the Mac AIDS Fund. Amsterdam Dinner Foundation and insurer Zilveren Kruis also contribute. By means of combined research and testing of new interventions on a smaller scale, the H-TEAM works to further roll out interventions that have proven effective, enabling new steps to be taken in the fight against new HIV infections.

Other important partners are the national government (including the RIVM) and health insurers. The government manages the overall healthcare system (e.g. see the national PrEP pilot scheme) and foreign contacts at government level and via certain embassies, to facilitate the international sharing of knowledge by Amsterdam. Of course, the GP organisations LHV and ELAA are also important partners who support and contribute to this project.

Finally, there are our scientific partners inside and outside the Netherlands, special interest groups and cities abroad, who inspire us every day to achieve our goal of zero new HIV infections by 2026. Amsterdam still has some way to go, but we are certainly not making this journey alone.