



Technical Implementation Strategy

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1. BACKGROUND

1.1. About the Fast-Track Cities Initiative

The [Fast-Track Cities initiative](#) is a global partnership between a network of high HIV burden cities, four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the city of Paris – and local, national, regional, and international implementing and technical partners. The initiative’s aim is to build upon, strengthen, and leverage existing HIV programs and resources to accelerate locally coordinated, city-wide responses to end AIDS as a public health threat by 2030.

The initiative was launched on World AIDS Day 2014, in Paris. Mayors, city government officials, and city health officials gathered in Paris and 26 high HIV burden cities first signed the *Paris Declaration on Fast-Track Cities (Paris Declaration)*. As of April 2017, more than 65 priority high HIV burden cities around the world have signed the *Paris Declaration*, pledging to attain the following targets by 2020:

- 90% of people living with HIV (PLHIV) knowing their HIV status
- 90% of people who know their HIV-positive status on HIV treatment
- 90% of PLHIV on HIV treatment with suppressed viral loads
- Zero stigma and discrimination

Technical implementation of the initiative is framed around a five-point strategy that includes:

- 1) Process and Oversight
- 2) Program Interventions
- 3) Monitoring and Evaluation (M&E)
- 4) Communications
- 5) Resource Mobilization

As the initiative’s technical partner, IAPAC supports Fast-Track Cities with HIV care continuum optimization through: 1) delivering technical assistance to local health departments; 2) facilitating consensus-building and coordination among key local stakeholders; and 3) providing capacity-building support for clinical and service providers, community-based organizations, and affected communities.

1.2. Empowering Cities to Reach the Fast-Track City Targets

Attaining the 90-90-90 targets is grounded in HIV care continuum optimization. Additional focus must be given to mitigate discrimination and stigma, and to create an enabling environment for getting more PLHIV tested, linked to care, initiated on ART, and virally suppressed.

Under local leadership, Fast-Track Cities are uniquely positioned to develop locally designed and led strategies for continuum optimization that respond directly to the needs of vulnerable and key populations within the urban context. Through the concerted efforts of Mayors, city governments, affected communities, local health departments, clinical and service providers, and other relevant stakeholders, the initiative works to overcome the barriers that impede efforts to scale up access to and



utilization of HIV prevention, testing, care, treatment, and support services for people at risk for and those living with HIV in a rights-based and equitable manner.

1.3. Enrollment of Cities in the Fast-Track Cities initiative

Fast-Track Cities reflect geographic distribution across a range of very high-, high-, medium-, and low-income countries in the global North and South. Cities are recruited based on the following criteria:

- **HIV burden** – based on prevalence and the proportion the city accounts for of national HIV burden
- **Political support** – based on potential for advocacy and leadership at the mayoral level
- **Strong technical team** – based on ability to support day-to-day implementation at city level
- **Pioneering Cities** – based on leadership as a trend-setting city to model the AIDS response

Keeping the above in mind, all cities that express an interest in accelerating their local AIDS responses can sign the *Paris Declaration*, committing as a Fast-Track City. The Fast-Track Cities implementation strategy includes remote support for cities that may be lower on the overall initiative's priority continuum.

At a minimum, all Fast-Track Cities receive a basic IAPAC technical support package that includes:

- **Access to the Global Fast-Track Cities Web Portal**, which includes global tools, resources, and implementation strategy templates; and can be leveraged to share lessons learned and best practices across cities.
- **Remote technical support** on demand, including the provision of technical briefs and participation in teleconferences and other virtual support to share best practices employed by and key lessons learned from Fast-Track Cities.

All priority Fast-Track Cities receive a **city-specific dashboard** that features visual representations of progress made against the 90-90-90 and zero discrimination and stigma targets. City-specific dashboards can be accessed via the Global Fast-Track Cities Web Portal (described in section 4 on M & E). Depending on a city's needs/interest and the availability of resources, some cities are provided more in-depth onsite technical and capacity-building support, including the option of developing a "deep dive" city-specific dashboard on the Global Fast-Track Cities Web Portal which can facilitate real-time M&E. Using the [IAPAC Guidelines for Optimizing the HIV Care Continuum](#) (2015) as its primary guidance, IAPAC can further provide capacity-building support for select cities through webinars, teleconferences, and on-site consultations for clinical and service providers, community-based organizations, and affected communities. IAPAC and its partners also can facilitate city-to-city technical collaboration on a requested basis through twinning agreements between cities, often with similar jurisdictional structures, technical resources, and/or similar HIV-related social or political issues.

Visit www.iapac.org/cities for a list of current priority Fast-Track Cities, which is updated each time a new city's Mayor signs the *Paris Declaration*.



1.4. Fast-Track Cities Leadership and Partnerships

The initiative and related efforts are led by cities and local stakeholders with support from the initiative's four core partners: IAPAC, UNAIDS, UN-Habitat, and the City of Paris (which hosted the initiative's launch and was the first city to sign the *Paris Declaration*).



IAPAC represents more than 27,000 clinicians and allied healthcare professionals in over 150 countries. Its mission is to improve the quality of HIV prevention, care, treatment, and support services provided to men, women, and children affected by and living with HIV and comorbid conditions such as tuberculosis (TB) and viral hepatitis through advocacy, education, capacity-building, research, and technical assistance activities. IAPAC's broad global portfolio of activities is spearheaded by an international staff comprised of clinicians, public health specialists, quantitative and qualitative research specialists, and experts in the field of continuing medical education.

As the initiative's technical partner, IAPAC provides technical assistance to health departments; engages in capacity-building efforts with clinical and service providers, community-based organizations, and affected communities; and provides opportunities for cross-collaboration and sharing of best practices, such as convening city-wide consultations and organizing inter-city twinning arrangements, including among Sister Cities. An IAPAC clinician-member serves as a technical focal point in each Fast-Track City.



Paris, the capital of the French Republic, has been committed to the AIDS response for more than 30 years through its partnerships with associations, doctors, hospitals, and political leaders. Paris also provides €2 million each year in funding for international assistance for HIV, particularly in sub-Saharan Africa.



UNAIDS provides advocacy leadership regarding its vision of zero new HIV infections, zero discrimination, and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations – United Nations High Commission for Human Rights (UNHCR), United Nations Children's Fund (UNICEF), World Food Program (WFP), United Nations Development Program (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), UN Women, International Labor Organization (ILO), United Nations Education, Scientific, and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank.



UN-Habitat is the United Nations agency working on sustainable urban development with the mandate of promoting adequate housing and improved livelihoods in urban settings by harnessing the opportunities that urbanization offers. UN-Habitat's priorities are focused on urban governance, economies, legislation, planning, risk reduction, and research. Among its city-specific initiatives are the City Prosperity Initiative, City Resilience Profiling Initiative, and Cities and Climate Change Initiative.

Other implementing and technical partners:

The initiative’s core partners work in concert with other implementing and technical partners that reflect a strategic combination of experience, expertise, influence, and reach to assist with the coordination, implementation, and evaluation. These additional partners from both the global North and South include representatives from:

- Academic institutions
- Civil society organizations
- Corporate sector entities
- Financing institutions
- Human rights organizations
- Implementing agencies
- Professional associations
- Research institutions
- UNAIDS cosponsors
- International and national donors (e.g., PEPFAR)

1.5. Fast-Track Cities Technical Implementation Strategy

The diagram below illustrates the elements of the Fast-Track Cities Technical Implementation Strategy.



Figure 1: Five Elements of the Fast-Track Cities Technical Implementation Strategy

2. PROCESS AND OVERSIGHT

2.1. Fast-Track City Meetings

Cities may choose to host meetings to convene local stakeholders to draft and implement city-specific implementation plans for a coordinated citywide response to attain the 90-90-90 and zero discrimination and stigma targets. In select cases, IAPAC and partners offer cities direct assistance in implementation planning. In other cities, IAPAC and partners provide virtual support for meeting and consultative processes. Alternatively, for cities that already have city-wide consultative processes in place, IAPAC works to support the integration of the initiative into existing agenda to accelerate local AIDS responses.

Following are the types of meetings cities may host, including: 1) steering group planning meeting; 2) city consultation meeting; and 3) working group/post-consultation follow-up meeting.

STEERING GROUP PLANNING MEETING	
Details	Objectives
<p>Purpose: Steering group planning meetings bring together a group of core stakeholders responsible for leading the city’s AIDS response to dialogue around and plan for a city-wide consultation meeting.</p> <p>Participants: The steering group consists of 5-10 stakeholders including the Mayor (or her/his representative), an IAPAC clinician KOL, the city/local health department director or city HIV/AIDS coordinator, non-governmental organization (NGO) leadership, and a person living with HIV. Cities may choose to include other relevant key stakeholders such as donors and sponsors.</p> <p>Format: Keynotes, presentations, facilitated discussion</p>	<ul style="list-style-type: none"> ▪ Introduce members of steering group and define roles ▪ Define the city’s current AIDS response and epidemiology ▪ Understand the different components of the initiative ▪ Plan the city-wide consultation, including logistics such as agenda, venue, date, and list of participants

CITY CONSULTATION MEETING	
Details	Objectives
<p>Purpose: City consultation meetings bring together stakeholders throughout the city to forge a coordinated AIDS response. Consultation meetings are co-hosted by the Mayor’s office in partnership with IAPAC and other initiative’s core partners, and co-chaired by the Mayor (or her/his designee), an IAPAC clinician KOL, and a person living with HIV.</p> <p>Participants: Participants include civil society representatives, elected officials and health officials, healthcare providers, and other relevant private and public sector stakeholders.</p> <p>Format: Keynotes, plenary sessions, interactive thematic breakout sessions</p>	<ul style="list-style-type: none"> ▪ Develop consensus among stakeholders around 90-90-90 targets ▪ Establish epidemiology, clinical and public policies, financing baselines ▪ Strategize for a coordinated response and draft the city’s implementation plan around the initiative’s five implementation elements: <ul style="list-style-type: none"> 1) Process and Oversight: Identify a Process and Oversight plan to facilitate a coordinated response.

	<p>2) Monitoring and Evaluation: Develop consensus on indicators to measure local progress and set targets and timelines. Preview the city-specific dashboard mechanism as an M&E and communications tool.</p> <p>3) Program Interventions: Discuss potential evidence-based interventions to address gaps across the HIV care continuum and define technical assistance and capacity-building needs for HIV care continuum optimization.</p> <p>4) Communications: Develop a communications plan to inform and actively engage communities and stakeholders in initiative activities.</p> <p>5) Resource Mobilization: Develop a plan for financing initiative activities, including resource mobilization and achieving efficiencies in the use of existing funding.</p>
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WORKING GROUP/POST-CONSULTATION MEETING	
Details	Objectives
<p>Purpose: Working group and post-consultation meetings allow for follow up on action items and deliverables agreed upon during the city consultation meeting, as well as inform revision of the city’s implementation plan, as needed.</p> <p>Participants: Participants form working groups divided thematically by implementation point or by stakeholder category (i.e., government, community, clinical and service provider, health department official, etc.).</p> <p>Format: Working group and post-consultation meetings take place regularly, such as monthly or quarterly, and involve facilitated discussions. Working groups are led by a member of the steering committee.</p>	<ul style="list-style-type: none"> ▪ Re-visit the city’s implementation plan and update based on accomplishments and gaps ▪ Address barriers for initiative targets that were not reached ▪ Revise city’s implementation plan, as needed, with new targets and timelines ▪ Draft quarterly city report on initiative progress, including data related to the 90-90-90 and zero discrimination and stigma targets

2.2. Leadership Coordination

At a global level, monthly teleconferences and in-person meetings as needed are scheduled between the initiative’s core partners – IAPAC, UNAIDS, UN-Habitat, and the City of Paris – to assess overall initiative progress, review Fast-Track City reports, and prepare the annual Global Fast-Track Cities Report.



2.3. Reporting Plan

Fast-Track Cities will be asked to report HIV care continuum and other M&E data (in line with a standardized methodology defined in the 2015 *IAPAC Guidelines for Optimizing the HIV Care Continuum*), updated services, new resources and reports, and other areas or progress every six months, at a minimum. IAPAC produces quarterly internal reports detailing cities signed on, key lessons learned, progress made, and other issues gleaned from Fast-Track City reports. IAPAC, UNAIDS, UN-Habitat, and the City of Paris will coordinate efforts to consolidate all Fast-Track City reports to annually produce a Global Fast-Track Cities Report. Aside from tracking progress, these reports will also highlight successes, identify technical areas needing more support, and serve to exchange information regarding progress and challenges.

2.4. Global Fast-Track Cities Web Portal

Fast-Track Cities have access to the Global Fast-Track Cities Web Portal (www.fast-trackcities.org), which is also open to the wider Internet community to promote data-driven accountability and transparency. The web portal has two major components – one focuses on the global initiative and the other provides a dashboard for each individual city. The cities are mapped on the Global Fast-Track Cities Web Portal’s landing page, which facilitates seamless integration into the larger effort and communications and information-sharing among cities. In selected cities, community members actively contribute to M&E efforts through online real-time data crowdsourcing, including feedback forms. The Global Fast-Track Cities Web Portal and the city-specific dashboards are further described in section 4 on M & E.

2.5. Process Indicators

Process indicators serves as a recommended checklist for cities to track concrete efforts toward achieving 90-90-90 and zero discrimination and stigma certification.

City’s Process Checklist – Year 1
▪ Mayor signed <i>Paris Declaration</i>
▪ City steering group identified
▪ Creation of city’s epidemiologic profile
▪ City-specific dashboard on Global Fast-Track Cities Web Portal
▪ First consultation takes place
▪ City implementation plan developed
▪ Working groups developed
▪ First meeting for all working groups complete
▪ First annual report submitted
City’s Target Attainment – Years 2-5
▪ 90-90-90 and zero discrimination and stigma achieved
▪ Achievement of other metrics of success using indicators such as, AIDS cases per 1,000 PLHIV; AIDS deaths per 1,000 PLHIV; estimated number of new HIV infections (in general and key populations); median CD4 of newly diagnosed cases; and estimated number of maternal to child transmissions of HIV



3. PROGRAM INTERVENTIONS

The initiative builds upon, strengthens, and leverages existing HIV programs and interventions to reach Fast-Track City targets. Efforts are focused around HIV care continuum optimization and mitigation of stigma and discrimination to create enabling environments for continuum optimization.

The initiative helps Fast-Track Cities to marshal existing HIV programs which, in most cities around the world, are part of current primary care delivery systems. Where there are standalone HIV programs, the initiative helps cities to better integrate these programs into primary care delivery systems as it facilitates the roll out and scale up of comprehensive, integrated HIV testing, prevention, treatment, and support services.

By design, and with its focus on achieving the 90-90-90 targets, this initiative also drives improvements within each city's health system, addressing issues such as human resources development, health financing, facility planning, commodities supply, rational prescription, and quality assurance. The goal is to assist Fast-Track Cities to implement interventions to achieve the following stages toward the initiative's success:

Stage 1: Signing the *Paris Declaration* and committing to the following:

- Fast-Track Cities agree to support a **“technical handshake”** to allow for an exchange of technical information as well as epidemiologic, program, and other relevant data.
- Fast-Track Cities agree to keep an **open line of communication** with IAPAC regarding their progress, challenges, and opportunities to further accelerate their urban AIDS responses.
- Fast-Track Cities are expected to convene a steering group to focus on developing and building consensus around metrics for success and a **city implementation plan to achieve the initiative's objectives and targets**. Cities may also convene consultations bringing together city-wide stakeholders.
- Fast-Track Cities will **report on their progress** semi-annually.

Stage 2: Achieving 90-90-90 targets and mitigating discrimination and stigma by 2020

Stage 3: Ending AIDS as a public health threat by 2030 (proposed)

Stage 4: Achieving HIV epidemic control by 2030 or shortly thereafter (proposed)

Interventions to be strengthened and plans for scaling up are identified during city-wide consultations. Additionally, partners and donors assist in identifying existing interventions through their own networks and other projects.

The diagram below illustrates the HIV care continuum that is necessary to attain the 90-90-90 targets and, ultimately, HIV epidemic control. Program interventions are needed to focus on attaining the three 90's – HIV diagnosis, being on ART, and viral suppression. Linkage to and retention in care, like other program support efforts, are also important and serve the goal of keeping PLHIV engaged in care and non-infectious through viral suppression. These program interventions and support programs must be grounded in a

human rights-based approach to continuing quality improvement that places the needs of affected communities at the center of local AIDS responses. Interventions and programs are therefore needed to mitigate discrimination and stigma, but also to create an enabling environment by eliminating legal, social, and other barriers that inhibit access to and utilization of HIV prevention, testing, care, and treatment services, thereby addressing the individual’s holistic quality of life.

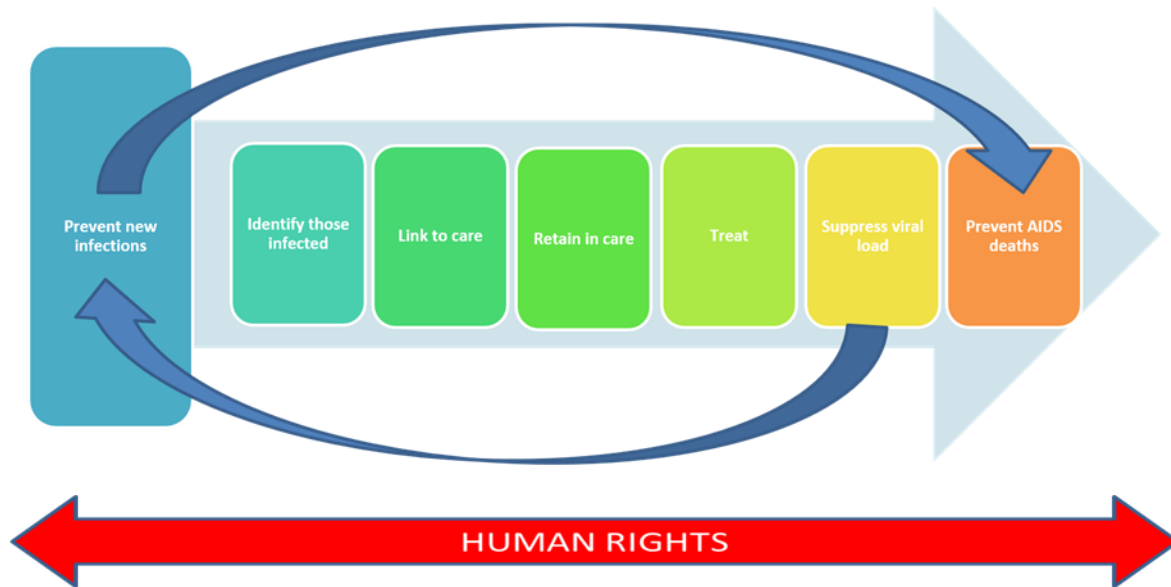


Figure 2. HIV Care and Prevention Continuum Guiding the Initiative’s Efforts

Continuum optimization efforts are focused in geographic regions with high HIV burden. Optimizing the care continuum encompasses everyone living with HIV. People living with HIV come from all walks of life depending on the setting and how HIV is transmitted and include men who have sex with men (MSM), transgender people, women, girls, sex workers, people who inject drugs (PWID), and migrant populations among others.

The success of the initiative’s programmatic intervention will be dependent upon:

- **Political commitment** to attain the 90-90-90 and zero discrimination and stigma targets. This includes advocacy from Mayor’s and other political stakeholders, alignment of accelerated city AIDS responses with national policies/goals through city-level advocacy, data transparency in reporting progress toward attaining the initiative’s targets, and accountability for translation from policy to real-world practice.
- **Community mobilization and engagement** of PLHIV in community-level advocacy and decision-making, stigma and discrimination mitigation to create enabling environments, and a mechanism for affected communities to hold local stakeholders accountable.
- **Technical assistance** to local health departments on data generation, analysis, and reporting that will facilitate robust M&E as HIV care continuum optimization interventions are implemented. This includes technical briefings, onsite technical support, and “learning collaboratives” for local health departments to share best practices and lessons learned.

- **Capacity-building support** to clinical and service providers, community-based organizations, and affected communities to facilitate HIV care continuum optimization.

The diagram below illustrates some of the program intervention points at which focused interventions can contribute to the overall initiative objectives. While many of these interventions are already in progress in many Fast-Track Cities, the initiative provides a framework to harness existing interventions and to expand upon others to attaining the 90-90-90 and zero discrimination and stigma targets.

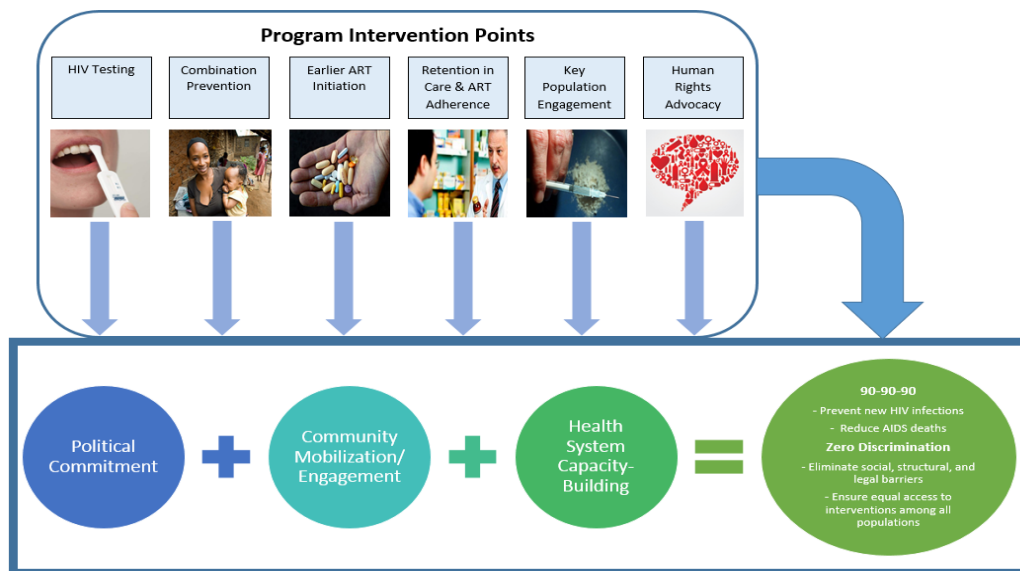


Figure 3. Initiative-Wide Program Intervention Points to Attain 90-90-90 and Zero Discrimination Targets

The primary focus of the initiative is to ensure that the 90-90-90 targets are attained in Fast-Track Cities. The scale up of access to earlier ART (preferably WHO recommended “test and treat”) directly contributes to HIV prevention efforts through its effect on reducing HIV transmission. In line with the *IAPAC Guidelines on Optimizing the HIV Care Continuum* (2015) and other global guidance, the FTC supports innovative interventions that aid in early diagnosis and treatment initiation. In 2016, IAPAC, jointly with the African Society for Laboratory Medicine (ASLM), released *Recommendations for the Rapid Expansion of HIV Self-Testing in Fast-Track Cities*, in effort to address the first 90 target.

In addition to its focus on early HIV diagnosis and treatment, the initiative also supports other prevention interventions that are critical to end AIDS as a public health threat and to achieve HIV epidemic control. These other prevention interventions include condoms, voluntary medical male circumcision (where appropriate), harm reduction (e.g., needle and syringe exchange, opioid substitution), post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP).

3.1 Zero Discrimination and Stigma

Stigma mitigation is critical to HIV care continuum optimization and to ensuring optimal quality of life for PLHIV. Established negative consequences of stigma for PLHIV are many: negative self-image, feelings of shame or guilt, and depression; reluctance to disclose HIV status to others, including sexual partners,



resulting in social isolation and increased likelihood of unsafe sexual activity; decreased access to and retention in care; and suboptimal ART adherence. The initiative aims to overcome human rights barriers such as discrimination and stigma, which inhibit access to and utilization of HIV prevention, care, treatment, and support services. Following are some interventions Fast-Track Cities are assisted to implement to mitigate discrimination and stigma:

- A human-rights web-based training and certification program trains clinical providers to prioritize human rights, engage in compassionate, non-stigmatizing communication with their patients, and commit to measurable stigma reduction efforts in their health facilities.
- Tools and guidance for stigma and discrimination mitigation in healthcare facilities, including a self-assessment checklist and action plan to gauge and address human rights gaps in healthcare settings.
- Improved community-wide HIV literacy and increased community advocacy.

3.2. Addressing Quality of Life

The 90-90-90 targets that Fast-Track Cities are committed to attain by 2020 are an important step toward achieving the Sustainable Development Goal of ending AIDS as a public health threat by 2030. However, given the longevity achievable with current HIV treatment and prevention strategies, the initiative always aimed to extend beyond optimizing the HIV care continuum by focusing on the larger determinants of quality of life for PLHIV. IAPAC is working with key partners and Fast-Track Cities on efforts to measure and monitor quality of life across multiple domains addressing social, economic, and legal barriers to optimal quality of life via community-wide surveys across the Fast-Track Cities network. Indicators include:

- Proportion of PLHIV reporting their health is “good”/“excellent” (past 30 days)
- Average # days PLHIV reports mental health was “not good” (past 30 days)
- Average # days PLHIV reports life activity limitations caused by HIV (past 30 days)
- Average # days PLHIV reports life activity limitations caused by alcohol/substance use (past 30 days)
- Average # days PLHIV reports lack of sufficient food to meet nutritional needs (past 30 days)
- Proportion of PLHIV satisfied with quality of HIV care/treatment services accessed (past six months)
- Proportion of PLHIV satisfied with the quality of primary care services accessed (past 12 months)
- Proportion of PLHIV concerned about disclosing HIV status to family members, partners, or friends (past 12 months)
- Proportion of PLHIV reporting reduced ability to establish/maintain relationships/friendships (past 12 months)
- Proportion of PLHIV concerned about risk of losing employment by disclosing their HIV status (past 12 months)
- Proportion of PLHIV reporting experienced discrimination/stigma in their community (past 30 days)
- Proportion of PLHIV reporting experienced discrimination/stigma in their healthcare setting(s) (past 30 days)
- Proportion of PLHIV reporting unstable housing (past six months)
- Proportion of PLHIV reporting sense of economic insecurity (past 12 months)



- Proportion of PLHIV reporting adequate access to education and employment opportunities (past 12 months)
- Proportion of migrant/displaced PLHIV reporting refusal of HIV services (past 30 days)
- Proportion of migrant/displaced PLHIV reporting refusal of primary care services (past 30 days)
- Proportion of PLHIV reporting incident of sexual or intimate partner violence (past 90 days)
- Proportion of PLHIV satisfied with quality of life in their community (past six and 12 months)
- Proportion of PLHIV satisfied with their own quality of life (past six and 12 months)

3.3. Technical Assistance on Optimizing the HIV Care Continuum

Measuring the HIV care continuum from diagnosis to viral suppression is critical to evaluating the success of local AIDS responses. IAPAC's four-stage HIV care continuum and a standardized approach to measure across at least four indicators – proportion of PLHIV who have received their diagnosis, are linkage to care, are initiated on ART, and achieve viral suppression – underpins the initiative's M&E plan. IAPAC's technical assistance to local health departments assists them in using metrics that are practical, feasible, and as simple as possible to enable accurate monitoring of the HIV care continuum. Comprehensive and transparent reporting of HIV care continuum data is imperative for internal decision-making at local government-level, for external comparison with other Fast-Track Cities, and, ultimately, to remain accountable to Fast-Track Cities' stakeholders, particularly affected communities.

In most Fast-Track Cities, the provision of technical assistance to optimize the measurement and monitoring of the HIV care continuum is required through strategic engagement with local health departments. Each city's jurisdictional structure as well as current data generation, analysis, and reporting capacities/needs will dictate the intensity and level of technical assistance that IAPAC will provide to local health departments. IAPAC will support Fast-Track Cities with technical assistance that includes a locally relevant combination of the following interventions:

- 1) **Technical briefing webinars** – expert guidance on generating and/or populating local health department databases from a variety of sources; analyzing data to facilitate data-driven programmatic decision-making; and producing baseline and subsequent reports on continuity of care and service delivery across the HIV care continuum.
- 2) **Learning collaborative** – facilitates ongoing dialogue with and between local health departments about the application of evidence-based strategies for improving the quality and utilization of data to make program-level decisions about HIV care continuum optimization. Available via a secure connection to the Global Fast-Track Cities Web Portal (described below), the virtual platform will serve as the central mechanism for local health departments to discuss, share, and collaborate with IAPAC and with each other on data-related best practices and issues.
- 3) **Onsite technical support** – available for local health departments requiring more intense assistance with data generation, analysis, and reporting. IAPAC data teams will liaise with local health department officials during visits to select Fast-Track Cities to assist them with the implementation of the initiative's HIV care continuum measurement and monitoring methodologies; as well as support the development of city-specific 90-90-90 implementation plans. The onsite technical support will be delivered by IAPAC data teams comprised of national and international experts in data systems, health service delivery and outcomes measurement, and health financing and policy.



- 4) **Technical stakeholder meetings** – convenes key stakeholders throughout a Fast-Track City and other relevant jurisdictions (i.e., counties, states, provinces) to review HIV care continuum baseline data and the existing local AIDS response within the context of HIV care continuum optimization; map needs for ongoing data generation, analysis, and reporting; and lay the foundation for the development of city implementation plans. These meetings will also provide key stakeholders training on the use of the Global Fast-Track Cities Web Portal and city-specific dashboards (described below) as M&E and advocacy/communications tools.

3.4. Capacity-Building Support

IAPAC provides educational training to strengthen clinician capacity to optimize the HIV care continuum and deliver quality HIV prevention, care, treatment, and support services in Fast-Track Cities. Healthcare providers in Fast-Track Cities have access to an online case-study based activity focused on three HIV care continuum optimization priorities: 1) increasing HIV testing coverage and diagnosis; 2) increasing linkage to care and HIV treatment coverage; and 3) increasing engagement and retention in HIV care, ART adherence, and viral suppression. The content for these educational activities primarily reflects the *IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents* (2015), supplemented by national, regional, and/or international normative guidance.

Select regions have dedicated IAPAC capacity-building hubs that conduct in-person trainings in health facilities with high patient caseloads. The hubs' capacity-building activities also include web-based communities of learning and the provision of management aides that leverage IAPAC's existing resources, as well as IAPACs strategic partnerships with clinician KOLs and national and regional medical and nursing/midwifery associations to amplify the hubs' impact in Fast-Track Cities.

3.5. Other Health Priorities

Fast-Track Cities are encouraged to leverage knowledge, infrastructure, human and other resources to improve overall health outcomes. In line with this approach, IAPAC is working with implementing and technical partners to expand the reach of technical interventions beyond HIV, to address comorbidities associated with HIV (e.g., hepatitis B and C, TB) as well as non-communicable diseases (e.g., cancers, cardiovascular disease, diabetes). In 2017, IAPAC and its partners are working with Fast-Track Cities to facilitate integrated responses in alignment with the health-related Sustainable Development Goals.

4. MONITORING AND EVALUATION

The Fast-Track Cities initiative has a robust M&E component to benchmark, follow, and report progress toward attaining the 90-90-90 and zero discrimination and stigma targets. When joining the initiative, Fast-Track Cities agree to support a "technical handshake" that allows an exchange of technical information as well as epidemiologic, program, and other relevant data.

The following HIV-specific indicators are used to benchmark and follow progress toward achieving the initiative's targets. Data from multiple years and trends is preferable; any available disaggregation of data, such as by key population, age, gender, or disease condition (e.g., TB) is also helpful. Census tract or other geographic stratification to aid in mapping efforts on the Global Fast-Track Cities Web Portal and city-specific dashboards (described below) will also be used.



Indicators
City's population
Estimated number and proportion of PLHIV
Number and proportion of PLHIV who are diagnosed as HIV positive
Number and proportion of PLHIV on ART
Number and proportion of PLHIV on ART who are virally suppressed
Number of AIDS cases
Number of AIDS-related deaths
Number of new HIV infections
Number and proportion of estimated HIV transmission from mother to child

For some Fast-Track Cities much of these data are readily available, however some data will be missing and/or the data may be difficult to obtain. In this case, IAPAC provides technical assistance to aid cities in data generation, analysis, and reporting, through a combination of technical briefings, onsite support, and “learning collaboratives.” Additionally, Fast-Track Cities are at liberty to integrate additional locally relevant indicators, including those related to other interventions such as HIV testing, TB treatment, harm reduction, PEP, or PrEP. As mentioned in section 2.3, cities will be asked to report key indicators on a semi-annual basis (at minimum), with a strong recommendation for internal reporting quarterly to more closely track progress toward local attainment of the initiative’s targets.

4.1. Global Online M&E Tools

Jointly developed by IAPAC and Dure Technologies, a Global Fast-Track Cities Web Portal and city-specific dashboards (www.fast-trackcities.org) delivers to Fast-Track City stakeholders and to the international public health community a comprehensive, web-based, real-time M&E platform, providing data-based reporting of progress against the initiative’s targets.

4.2. Global Fast-Track Cities Web Portal

The Global Fast-Track Cities Web Portal’s landing page includes political messages from participating Mayors and other city leadership, a map of all Fast-Track Cities, basic counters and graphs depicting progress toward the initiative’s targets, and links to the core partners and key resources. As the overall initiative’s landing page, it allows for navigation to city-specific dashboards (described below) and facilitates information-sharing and contact between participating Fast-Track Cities.



Figure 4. Global Fast-Track Cities Web Portal Landing Page into which City-Specific Dashboards Plug In

4.3. City-Specific Dashboards

Each Fast-Track City receives a city-specific dashboard that plugs into the Global Fast-Track Cities Web Portal. The dashboard's purpose is for local stakeholders, notably members of affected communities, to monitor and provide feedback on the initiative's progress in their cities.

The dashboard serves as a tool to track basic indicators (listed above) measuring progress toward achieving the 90-90-90 and discrimination and stigma targets, as well as any other health-related targets a city may wish to map. Moreover, the dashboard allows Fast-Track Cities to monitor the progress made and strategies deployed in other cities and to directly link with each other via standard communications links to share best practices and key lessons learned through HIV care continuum optimization efforts.

Each dashboard includes a Mayor's message and photo, visualizations of local HIV care continuum data, mapping of local HIV services (e.g., condom distribution, testing, healthcare facilities), and links to useful local, national, regional, and international resources (e.g., guidelines, tools). The dashboards are available in the city's official/native language(s) as well as in English to facilitate a sense of global accountability.

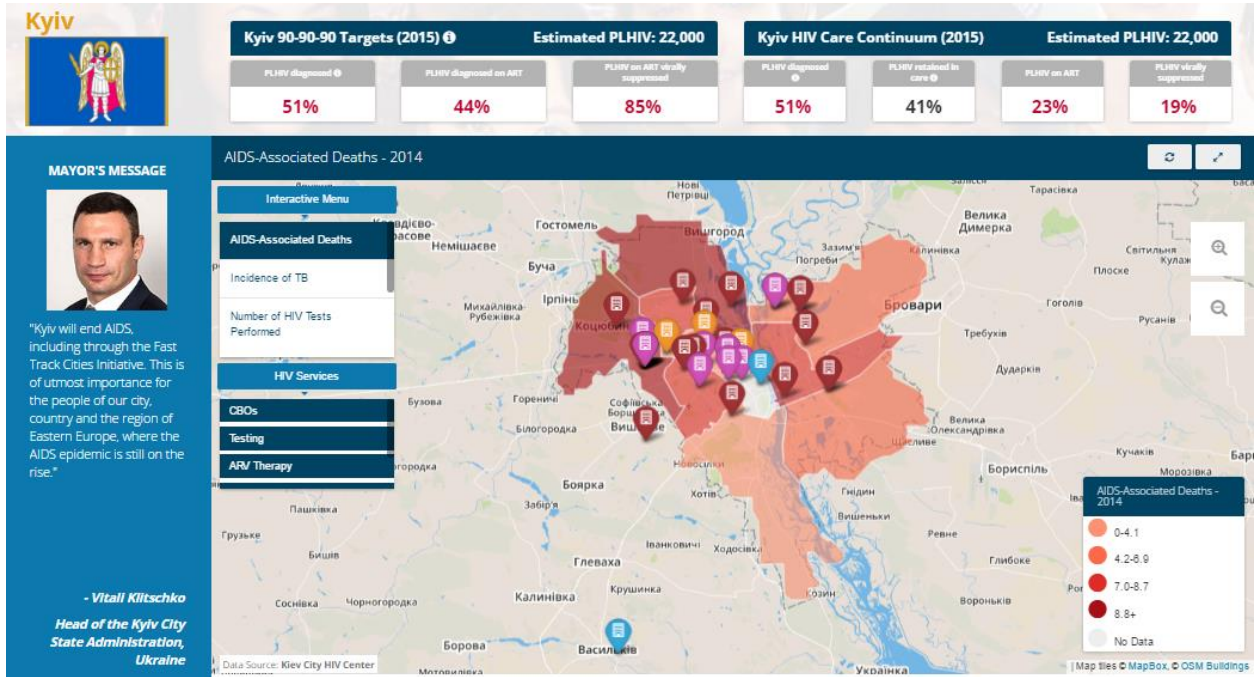


Figure 5. Kyiv City-Specific Dashboard Landing Page Visualizing Data and Mapping Services

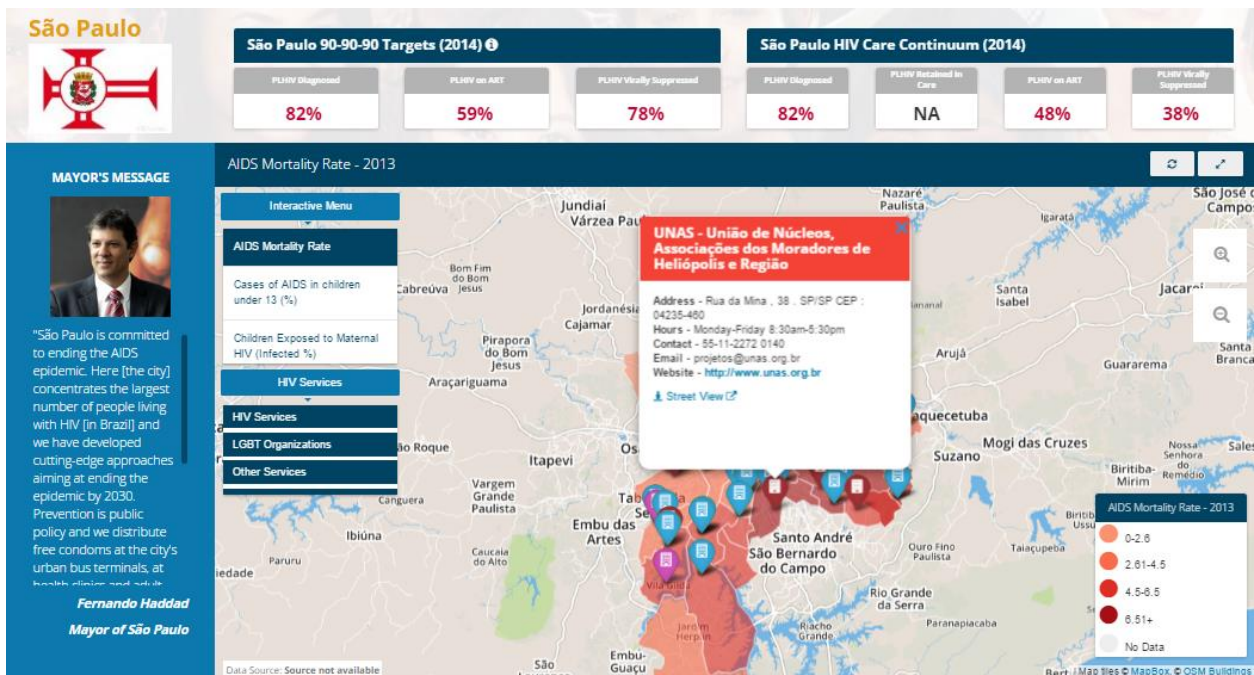


Figure 6. São Paulo City-Specific Dashboard Landing Page Visualizing Data and Mapping Services

Victoria

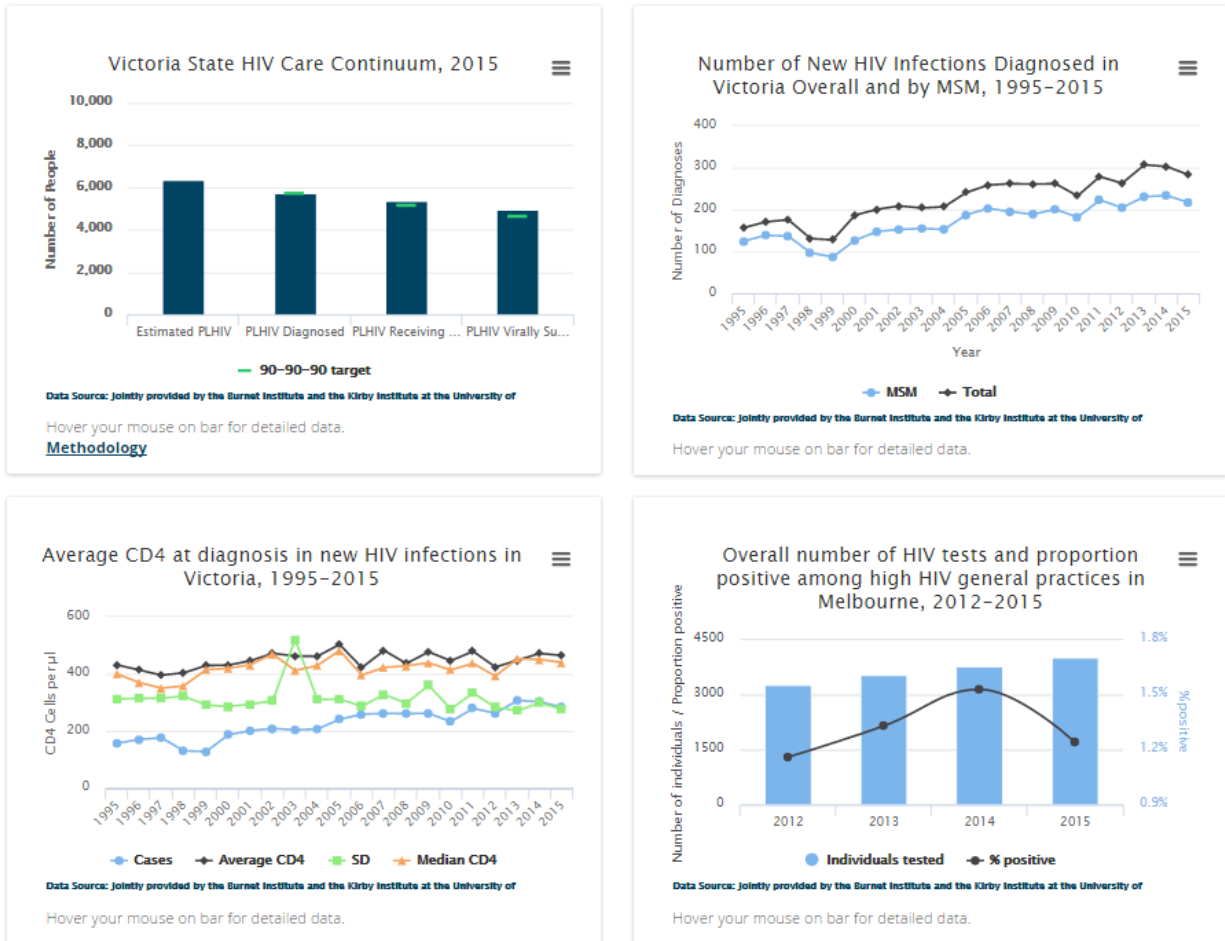


Figure 7. State of Victoria (Melbourne) City-Specific Dashboard Visualizing HIV Care Continuum and other Data

The software platform also has the capacity to crowd-source data in real time, including push messaging via SMS and other modalities, through an iMonitor function. Data that can be mapped in real time include commodities stock-outs, outstanding or poor service, discriminatory or stigmatizing events, and GPS tracking of mobile services.

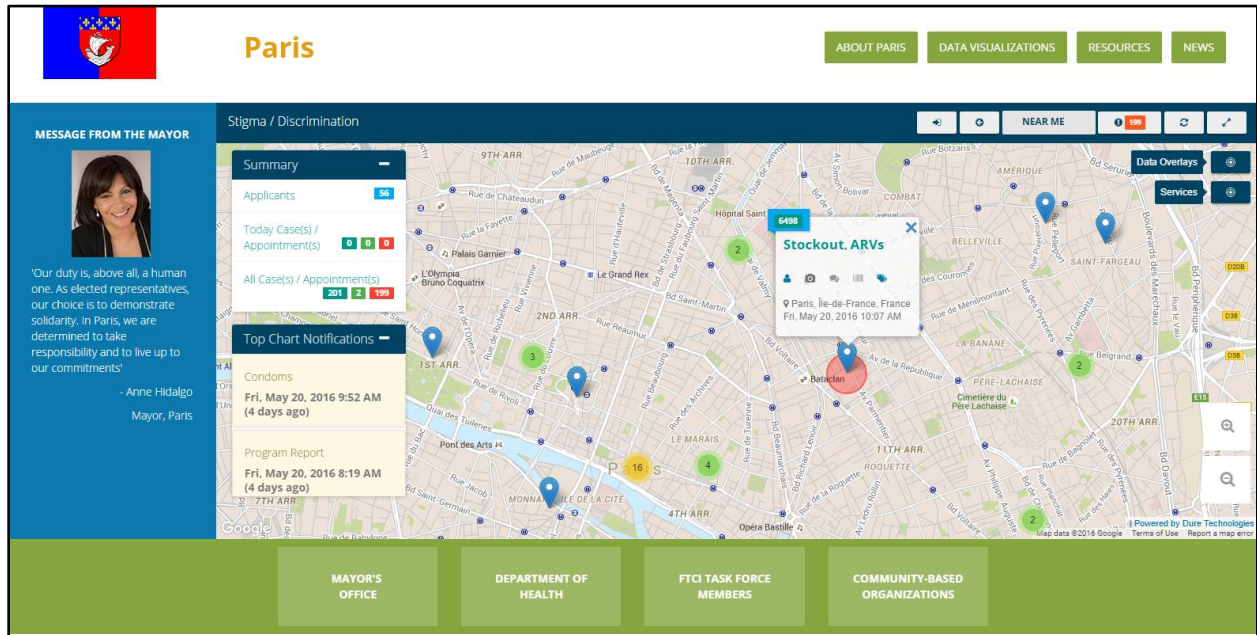


Figure 8. Paris City-Specific Dashboard with iMonitor Function to Report Stock-Outs, Discriminatory Events, etc.

Additionally, in support of the Sustainable Development Goals, the dashboard will facilitate mapping of social determinants of health data, including poverty, education, food security, and other indicators.

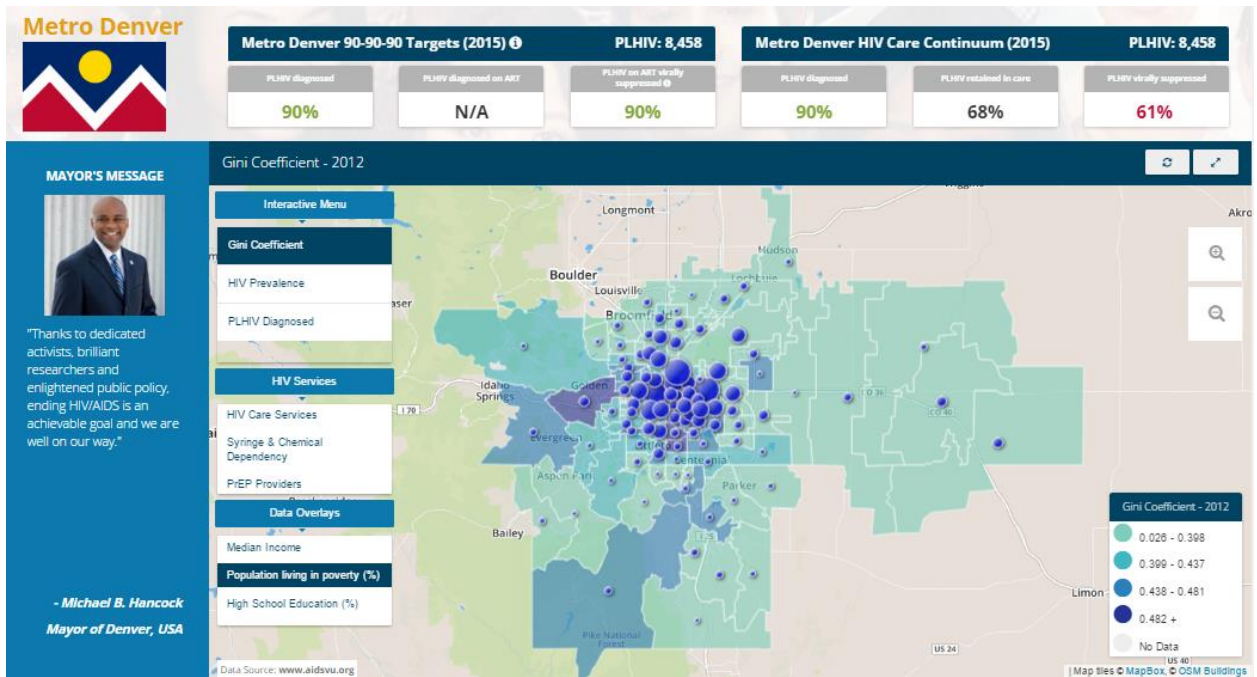


Figure 9. Denver City-Specific Dashboard Visualizing Income Data within the context of HIV Data



4.4. Definition/Metrics of Success

As part of the collaboration and consultative process, each Fast-Track City is encouraged to define and adopt metrics for success. While the initiative encourages flexibility, Fast-Track Cities must work within a 90-90-90 and zero discrimination and stigma framework that feeds into a certification process for progress in achieving the initiative's targets. Following is a proposed framework to serve as a starting point for discussions and consensus-building among Fast-Track City stakeholders and the larger initiative core, implementing, and technical partners group.

- **Stage 1: Sign the *Paris Declaration***
- **Stage 2: Achieve 90-90-90 by 2020 and mitigate discrimination and stigma.**

Cities may define success through other indicators such as:

- <5 cases of AIDS per 1,000 PLHIV
- <5% transmission maternal to child transmission
- **Stage 3: End AIDS as a public health threat by 2030:**
 - Ending AIDS deaths (<5 AIDS-related death per 1,000 PLHIV)
 - Demonstrated impact on mitigating discrimination and stigma
- **Stage 4: Urban HIV epidemic control (proposed)**
 - Achieving HIV epidemic control (new HIV infections fall below AIDS-related deaths)

5. COMMUNICATIONS STRATEGY

5.1. Marketing and Visibility

The initiative's success in maintaining forward momentum depends upon increasing the visibility of the initiative's progress and actively marketing this progress to Mayors, local health department officials, clinical and service providers, affected communities, and other key stakeholders to secure and maintain their engagement and support. The initiative provides supporting materials for the Mayor's team and others:

- Template press releases and media advisories
- Agenda's for Mayoral visits to key clinics
- Option to host Mayoral signing ceremony
- Template presentations for cities leadership
- Sample quarterly reports and newsletter articles
- Sample email blast to supporters and LISTSERV
- Sample Mayor's blogs and tweets
- Sample Facebook material



5.2. Information-Sharing

In addition to quarterly and annual reports, the initiative's progress, lessons learned, best practices, and data are shared among core, implementing, and technical partners and stakeholders through:

- Scientific conferences and peer-reviewed journals
- Regional cities-specific or -related conferences such as Mayor's conferences
- Side events and satellite meetings at international conferences such as IAPAC, Union TB meetings, national and international Mayor's meetings, and International AIDS Society conferences
- UN and UN agency consultation meetings, including UN General Assembly meetings
- Other relevant opportunities, as identified

6. RESOURCE MOBILIZATION

Most cities have a good sense for the local resources that are available to confront HIV. However, some Fast-Track Cities will need to inventory already available resources to better understand what is available and how they are being applied to reach the initiative's targets. Focusing on attaining the initiative's objectives should help cities and stakeholders to both focus and improve the efficient use of current local HIV funding. Focus and improving efficiency may also liberate additional resources to allocate towards optimizing the HIV care continuum to reach the 90-90-90 targets. In addition, although joining the Fast-Track Cities network does not garner direct financial support for Fast-Track Cities, IAPAC and its partners will support city-led efforts to mobilize resources from a variety of sources (e.g., international donors, foundations, local and international private corporate sector, etc.). On request, the initiative's core partners can provide technical support for resource mobilization efforts including:

- **Guidance for maximizing return on current budget.** The initiative's leadership works with Fast-Track Cities to set targets, assess local resources, mobilize local and international resources, and improve efficiency of financial and other resource allocation to maximize impact of the local AIDS response. In select Fast-Track Cities, the city-specific dashboards are also used as a platform for cities to perform complex analysis with scenario-building capabilities to identify gaps and set evidence based priorities for investment by potential donors/sponsors.
- **Joint fundraising activities.** On request, IAPAC works with Fast-Track City leadership to collaborate with local community-based organizations, governments, academic institutions, etc., to identify and jointly apply for funding from local, national, regional, and international donors/sponsors.
- **Local resource inventories.** IAPAC will provide templates for inventorying local resources for the HIV response including budgets, programs, and infrastructure such as human resources and facilities.
- **Resource mobilization proposal templates.** Fast-Track Cities can access generic grant proposal templates that can be adapted based on a city's differing needs and priorities to attain the initiative's targets. Additionally, IAPAC and the core partners facilitate unique funding opportunities for Fast-Track Cities whose programmatic priorities match donor interests.



7. How to Contact IAPAC

For additional information about the Fast-Track Cities initiative and/or to inquire about IAPAC technical assistance or support, contact Sindhu Ravishankar, MPhil, IAPAC Director of Fast-Track Cities, at sravishankar@iapac.org.

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