TRANSFORMING THE CITY HIV RESPONSE

Fast-Track Cities Project report

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EXECUTIVE SUMMARY

This report is a narrative account of the contribution of the Fast-Track Cities Project (FTC Project) to strengthening the HIV responses in 15 cities.

It reviews achievements under the six objectives of the project and discusses how they have brought about sustainable positive change and contributed towards achieving global HIV targets.

The report is structured in two parts: an overall summary of the FTC Project and its achievements, and a city by city account. Annexes describe good practices implemented during the project. These are referred to in the report.

The report is based on a review of project documentation and interviews with 23 FTC Project staff. It does not aim to be an independent assessment or evaluation of the programme.

ABOUT THE FAST-TRACK CITIES PROJECT

The FTC Project is nested within the global Fast-Track Cities initiative (FTC Initiative), a partnership launched in Paris on World AIDS Day 2014 with the aim of supporting cities to accelerate their response to the HIV epidemic. Cities and municipalities around the world signed the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic in Cities by 2030 (the Paris Declaration). Central to this commitment are the 95–95–95[1] treatment targets: achieving zero HIV-related stigma; zero new HIV infections; and zero AIDS-related deaths.

The FTC Initiative and Project are based on the recognition that more than half of the world's people live in cities, and cities account for a large proportion of a country's population living with HIV. As centres of economic growth, education and social change, cities offer advantages and opportunities for action to end AIDS, and therefore have a determining role in the HIV response.

Implemented by UNAIDS and the International Association of Providers of AIDS Care (IAPAC), with support from the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID), the FTC Project has provided financial and technical support to 15 cities to attain key targets in the HIV response and deliver on their commitments to the Paris Declaration.[2]

Support modalities of the FTC Project include advocacy for the city HIV response, coordination, technical support, capacity building, catalytic funding and knowledge management.

The FTC Project is not a stand-alone project but is designed to work with key city stakeholders and is aligned with country plans and processes. It aims to foster a multisectoral response by bringing together national, provincial and local government; health authorities; civil society organizations; the private sector; faith-based organizations; the education sector; academia; implementing partners; IAPAC; and multilateral agencies and donors, including UNAIDS, PEPFAR, USAID, the US Centers for Disease Control and Prevention and The Global Fund.

1. This refers to 95% of people living with HIV know their HIV status, 95% of people who know their HIV-positive status are on antiretroviral therapy (ART), and 95% of people on ART have suppressed viral loads.
2. The 15 cities participating in the project include: Blantyre, eThekwini (Durban), Jakarta, Johannesburg, Kampala, Kigali, Kyiv, Kingston, Kinshasa, Lagos, Lusaka, Maputo, Nairobi, Windhoek and Yaoundé. The cities were selected on the basis of the HIV burden, gaps in service delivery, and capacity to implement the project.

The FTC Project has been guided by a project theory of change and related logical and monitoring and evaluation (M&E) frameworks. It is structured around six objectives that aim to:

- Strengthen leadership, governance, planning and implementation of the city HIV response.
- Strengthen the capacity of cities to collect, analyse and report strategic information and data on the HIV epidemic and response, and to use that to track progress and guide the response.
- Develop city-specific dashboards featuring HIV service coverage data; progress towards optimizing treatment and prevention; and data on HIV-related comorbidities.
- Strengthen the capacity of health-care providers and people living with HIV to achieve and maintain optimal HIV prevention and care services.
- Strengthen the capacity of HIV service providers to eliminate HIV-related stigma in health-care facilities and mitigate stigma within communities.
- Assess the quality of care provided to people living with HIV in fast-track cities and facilitate the sharing of best practices.

Sharing experiences and learning was fundamental to the FTC Project and achieved through different modalities and channels, including dedicated websites, regular project meetings and webinars and publications.

PROJECT ACHIEVEMENTS

The FTC Project has made significant gains across the six objectives of the project.

Objective 1. Strengthened city leadership, governance and implementation of the HIV response

High-level political support for the city HIV response was demonstrated by mayors and municipalities of all 15 cities throughout the project. City leaders have consistently participated in Fast-Track Cities conferences and workshops and actively engaged in FTC Project activities. One clear indicator of long-term commitment to drive change is the allocation of additional resources for HIV from the city budget in several cities.

Planning, coordination and partnerships

Institutional and governance arrangements for the HIV response were strengthened in all 15 cities. By the end of 2023, all municipalities had functional coordination structures which met regularly. The majority of these coordination bodies included municipal, government (health and other sectors), civil society, private sector, donors and implementing partners.

By the end of 2023, ten municipalities had up to date, approved multisectoral HIV strategic plans, which had been developed by all implementing partners, including civil society. These are evidence-based, aligned with national strategic plans, and provide coordinated guidance for the HIV response. Two cities had incorporated HIV plans into wider municipal plans and the remaining three cities were finalizing updated city plans.

New partnerships have strengthened the HIV response in all 15 cities—whether as part of the formal coordination structures or on a more ad hoc basis. In particular, the Global Fund has become a key partner in all cities, participating in project meetings and other collaborations.

In several cities, fast-track teams have participated in national dialogues and in the development of the Global Fund grant cycle 7 (GC7) requests, to ensure that urban HIV responses are included.

Strengthening civil society and the environment for key and priority populations
One of the greatest shifts in the city HIV response has been the formal engagement of civil society organizations in the coordination bodies and in developing city strategic plans. This has improved policies and programmes for key populations and people living with HIV as well as other priority groups such as adolescents and young people, children and men and boys. Civil society organizations have also come to the fore as formal implementing partners in the city response.

Catalytic funding and technical support were provided for a range of interventions that had the potential to improve HIV services, or the enabling environment for key and priority populations left behind in the HIV response. These include digital solutions to improve HIV services; and city-wide campaigns to reduce stigma and discrimination, support human rights and strengthen the prevention of vertical transmission services among many others.

These interventions all have the potential to be taken to scale, as indeed they have been in many cases.

Objectives 2 and 3. Strengthening strategic information

Technical support was provided in all cities to strengthen their ability to collect, analyse and use strategic information to improve HIV service delivery. This included:

- Situational analyses to understand the context of the epidemic.
- 'Know your HIV epidemic' (KYE)–'know your HIV prevention response' (KYR) analyses to understand the nature of the epidemic and response.
- Epidemic modelling to guide future plans and policies.
- Collection of granular data to identify districts and populations most in need of HIV services, including hot-spot mapping of key populations.
- Mapping of service providers to enable comprehensive coverage and reduce duplication.
- Research, surveys and assessments to understand complex causes of risk and programming required.
- Monitoring and evaluation frameworks and capacity building for monitoring and evaluation.
- Communication tools to share strategic information with stakeholders, including epidemic profiles, fact sheets and data visualizations.

Strategic information capacity in the cities has been significantly strengthened through training and mentoring as well as through a series of online courses (see below).

City dashboards
Fifteen city-specific dashboards on the IAPAC Fast-Track Cities website visualize key data and resources, and track progress towards achieving the 95–95–95 treatment targets. The dashboards were adapted to visualize COVID-19 cases, death and recovery data. The city dashboards also host a platform for a series of online capacity building courses.

A dashboard utilization survey conducted in 2021 showed that all cities were effectively using the dashboards, most commonly to visualize key data, track progress against treatment targets,

map HIV services, and to access training modules. The dashboards have also been used for advocacy and to leverage support for the city HIV response.

Objectives 4 and 5. Capacity building and stigma mitigation

As part of the FTC Project, IAPAC has implemented structured capacity building and stigma mitigation training for providers of HIV care, with a curriculum centred around optimizing the HIV care continuum, free of stigma and discrimination.

Clinical capacity building
Four core clinical capacity building modules focused on: HIV testing and linkage to care; initiation of antiretroviral therapy, adherence and retention in care; pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP); and improving outcomes for key populations. Optional modules were offered in other key areas over the years.

Analysis of the capacity building training data for years one and two shows that 9667 providers from 654 facilities in the 15 cities were trained. Of these, 77% scored over 70% in the post-course assessment. The capacity building modules have been welcomed by health authorities and three cities have incorporated them into their national training curriculum.

Community capacity building
Capacity building modules were offered to peer educators and other community-based workers, including a module on using the 'Conversation Map', an interactive game exploring the journey of a person living with HIV from diagnosis to treatment.

Workshops in 11 cities trained leaders of people living with HIV and key populations to become peer educators. Over 700 peer educators from eight cities were trained on the Conversation Map, which was praised as a unique and powerful tool.

Stigma reduction
Stigma reduction activities took place in two parts: narrated modules for health-care providers and a workshop for facility managers and staff. In the workshop, a ten-question Stigma Index scorecard was completed, which automatically generated a set of recommendations to eliminate stigma in the facility.

The stigma elimination workshops reached 647 participants in 374 facilities. They were held in 11 cities and included all facility staff, from cleaners to receptionists. In some cities, the stigma elimination workshops have had a significant impact. Facilities developed codes of conduct and service charters to guarantee stigma-free services; and revived abandoned practices such as suggestion boxes and community facility committees.

Building capacity on strategic information
Online capacity building was provided to data officers and other health workers on using data for HIV care. This included briefing webinars on using and generating data for decision-making across the HIV prevention and care continuum.

By September 2023, 80% (520 out of 646 health-care providers who completed an assessment) scored at least 70% on post-data-to-care training knowledge assessments.

Objective 6. Assessing quality of care and impact of COVID-19

A quality of care (QoC) survey was conducted in 13 cities among 5761 people living with HIV. It aimed to identifying issues affecting quality of care, to establish practice goals and to develop metrics to monitor improvements in HIV care services. A key finding included poor understanding of the meaning of 'undetectable viral load', which led to the launch of U=U campaigns in several cities.

A survey synthesizing lessons from COVID-19 was conducted with 900 respondents. It captured the perceptions of HIV care providers, mainly health-care workers, and users of HIV care on the main drivers of service disruption, as well as the strategies that helped to mitigate these disruptions. Survey respondents reported moderate or severe disruption to a wide range of HIV and TB services. Factors contributing to the service disruptions included cancellation or postponement of clinic visits, diversion of medical staff and laboratory services to the COVID-19 response, and supply chain interruptions. Results of the survey will inform the development of a framework for resilient urban HIV responses in response to future crises.

OUTCOMES AND IMPACT

Short-term outcomes of the FTC Project are described in the Theory of Change as "what cities do differently as a result of the project". Key outcomes have strengthened the city HIV response, for example:

- HIV is firmly on the city agenda and city leadership has been influential in driving positive change and mobilizing additional resources for the HIV response.
- The HIV response is driven by strategic plans agreed by all relevant stakeholders. These plans guide implementation, which is coordinated by multisectoral bodies.
- Civil society organizations, particularly those representing people living with HIV and key populations, are now recognized as valuable participants in planning and implementation and are formally included in city structures.
- Strategic information and data functions have been strengthened and now inform city strategic plans and implementation. In many cities the FTC Project has fostered a culture of data literacy.
- Health provider capacity in high volume facilities has been strengthened with regard to HIV treatment, adherence and U=U.
- Facility managers and health providers in high volume facilities are aware of stigma and how it impacts on quality of care and have taken steps to implement stigma elimination strategies.
- Cities are now aware of factors impacting on quality of care for people living with HIV.

The FTC Project, along with other initiatives, has also contributed to longer-term positive outcomes. For example:

- There has been an increase in domestic and/or donor funding for the HIV response in many cities.
- The range of initiatives for adolescents and young people have improved the lives of young people living with or affected by HIV.
- The environment for key populations, people living with HIV and other priority groups has improved. Stigma and discrimination towards people living with HIV and key populations in health facilities have been reduced in many cities.

The FTC Project has made an important contribution to enabling city leaders to meet key Paris Declaration and global commitments to end AIDS as a public health crisis by 2030. Most significantly, all cities have made good progress towards the 95–95–95 treatment targets, as Figure 1 shows.

Figure 1a. Percentage of people living with HIV who know their HIV status, are receiving antiretroviral therapy and are virally suppressed as at the end of 2023

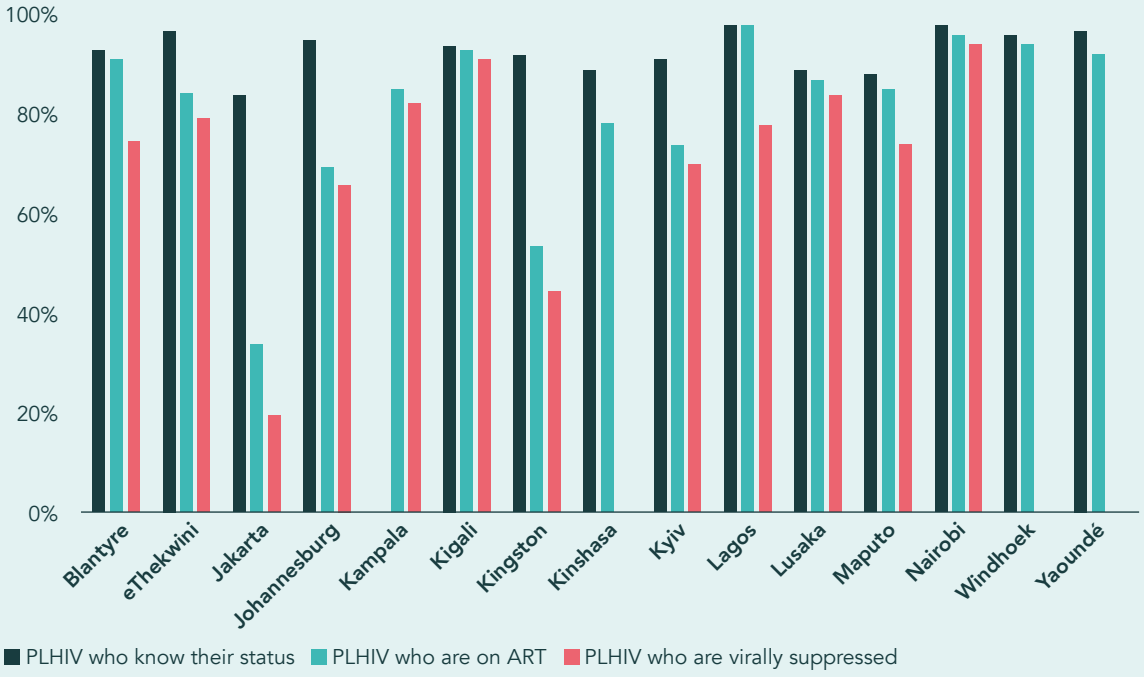
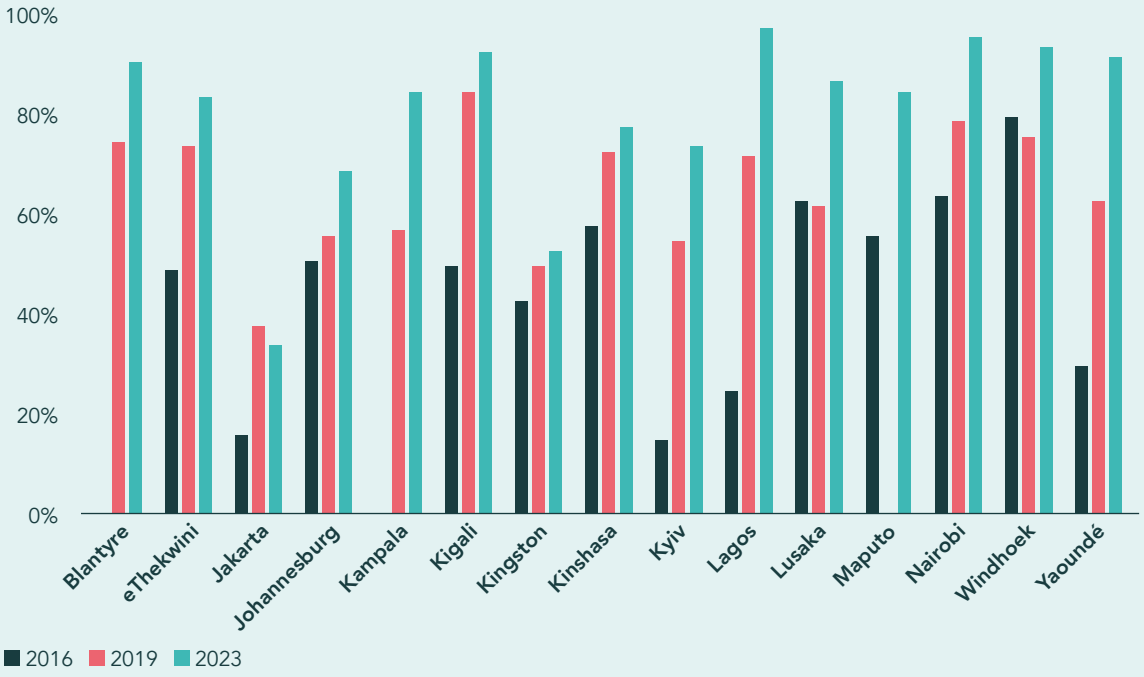


Figure 1b. Increase in HIV treatment coverage (%) among people living with HIV over time



SUSTAINABILITY

The FTC Project has supported cities to develop sustainability and transition plans to ensure that work continues after funding ends. Many of the positive changes that have taken place over the five years of the project are already embedded into city processes and are fully owned by city leaders. For example:

- Plans, policies and services have been integrated into routine city activities.
- Campaigns and activities begun under the FTC Project are owned by local leaders.;
- Funding for the city response has increased either through domestic or donor resources in several cities.
- Local government is contracting civil society organizations to provide HIV services.
- Several cities have adopted the online capacity building courses and made them available free of charge for health workers.

While there are clear strategies to sustain the gains of the project, several challenges to sustainability remain. These include structural challenges such as resource limitations and health system challenges, and human resource challenges, both in health departments and in municipalities. Socioeconomic issues, such as high levels of poverty and migration, and adverse legal environments in some cities also present obstacles to ongoing progress.

CONCLUSION

The FTC Project has successfully supported the HIV response in 15 cities, meeting its six objectives and fulfilling the outcomes promised in the Theory of Change. It has also fulfilled its mandate as a catalytic project in that relatively small amounts of funding have brought far reaching changes in the cities. It has also had a wider influence, contributing to strengthening the HIV response beyond the 15 cities.

The most important legacy of the project is likely to be the acceptance of the role of city leadership/municipalities in the HIV response, and the ability to convene partners around one strategic plan. The inclusion of civil society actors in city planning and institutions, and as formal implementers through social contracting also has the potential to bring lasting change.

PART ONE

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PART ONE


1

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1. INTRODUCTION

1.1. BACKGROUND: THE FAST-TRACK CITIES INITIATIVE

The Fast-Track Cities (FTC) Initiative was launched in Paris on World AIDS Day 2014 with the aim of supporting cities to accelerate their response to the HIV epidemic. It is based on the recognition that more than half of the world's people live in cities, and cities account for a large proportion of a country's population living with HIV. As centres of economic growth, education and social change, cities offer advantages and opportunities for action to end AIDS, and therefore have a determining role in the HIV response.

The initiative is a partnership between UNAIDS, the International Association of Providers of AIDS Care (IAPAC), the United Nations Human Settlements Programme (UN-Habitat), the City of Paris, and cities across the world. At the launch, mayors from 26 municipalities around the world convened to sign the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic (the Paris Declaration). The signatories committed to seven objectives:

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

Central to the commitment to ending AIDS, are the 95–95–95[3] treatment targets: achieving zero HIV-related stigma; getting to zero new HIV infections; and zero AIDS-related deaths.

The Paris Declaration has evolved to include new commitments and targets as well as expanding the framework to include eliminating tuberculosis and viral hepatitis (see Section 1.3).

In 2022, the Sevilla Declaration on the Centrality of Communities in Urban HIV Responses was launched during the Fast-Track Cities conference in Seville, Spain, to facilitate the mandate of the Paris Declaration to place people at the centre of the HIV response. This stressed the centrality of communities in urban HIV responses and asked cities to increase the engagement and leadership by affected communities in attaining the goals and objectives of the FTC Initiative. Since the launch of this initiative, over 450 cities and municipalities have signed the Paris Declaration.

1.2. THE FAST-TRACK CITIES PROJECT

The Fast-Track Cities (FTC) Project was launched in 2018 to provide financial and technical support to 15 cities to attain key targets in the HIV response, and to deliver on their commitments to the Paris Declaration. It is a joint project of UNAIDS and IAPAC, with support from the United States President's Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID), and is nested within the global FTC Initiative.

3. This stipulates that 95% of people living with HIV know their HIV status; 95% of people who know their HIV-positive status are on antiretroviral therapy (ART); and 95% of people on ART have suppressed viral loads.

Support modalities include advocacy for the city HIV response, coordination, technical support, capacity building, catalytic funding and knowledge management.

At the outset it should be noted that the FTC Project is just one of many in-country partners involved in the HIV response. Much of the achievements and positive changes documented here highlight the project's significant contributions, but may not be attributed solely to the project.

1.2.1. The 15 cities

The 15 cities together account for about three million people living with HIV. They were selected on the basis of their commitment and capacity to fast-track their AIDS response, their high HIV burden, and the gaps in treatment coverage at baseline. Ten of these cities joined the initiative in its first year (eThekwini, Jakarta, Johannesburg, Kigali, Kinshasa, Lusaka, Maputo, Nairobi, Windhoek and Yaoundé) (Figure 2). A further five (Blantyre, Kampala, Kingston, Kyiv and Lagos) joined in 2019. Twelve of the cities are located in Africa, one in eastern Europe, one in Indonesia and one in the Caribbean.

Figure 2. The 15 Fast-Track cities

The cities vary widely in their size, municipal arrangements and economic status. Their epidemics also vary from being generalized across the population to concentrated in particular key or priority groups. However, they are characterized by the high proportion of the country's people living with HIV in the city (Figure 3). Their one common factor is their commitment to ending AIDS by 2030.

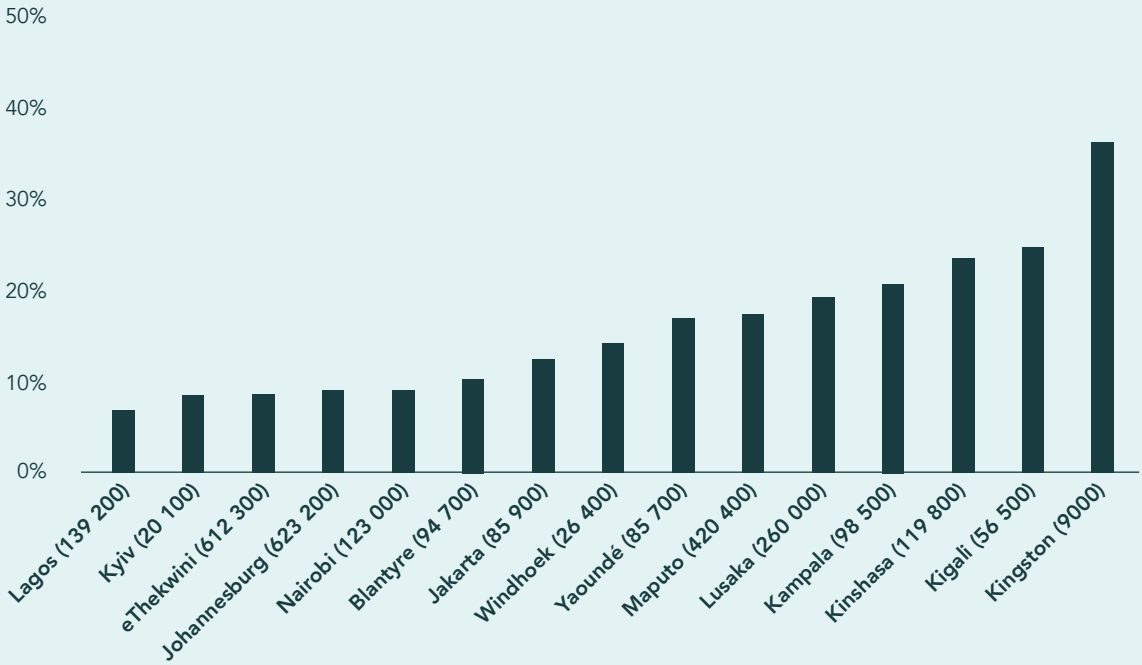
1.2.2. Principles of the FTC Project

The FTC Project is not a stand-alone project but is designed to work and coordinate activities with key city stakeholders and is aligned with country plans and processes. In this sense, it is a system-strengthening programme that aims to harmonize the work of all partners and ensure that their efforts are synergistic and aligned with national priorities (Figure 4).

The project aims to foster a multisectoral response by bringing together national, provincial and local government; health authorities; civil society organizations including networks of people living with HIV and key populations; the private sector; faith-based organizations; the education sector; academia; implementing partners, multilateral agencies and donors including UNAIDS, PEPFAR, USAID, CDC and The Global Fund.

The FTC Project encouraged the development of one comprehensive HIV framework to guide all efforts; one multisectoral HIV coordinating authority; and one monitoring and evaluation framework. However, in practice the Project has been flexible and adaptable, supporting more varied institutional arrangements which reflect the structure and functioning of municipal and health bodies of the city. In each municipal context, the FTC Project has been one of several partners working to strengthen the city HIV response.

Figure 3. Proportion of all people living with HIV in a country residing in one city, as at the end of 2023



Numbers in brackets represent the number of people living with HIV in the city

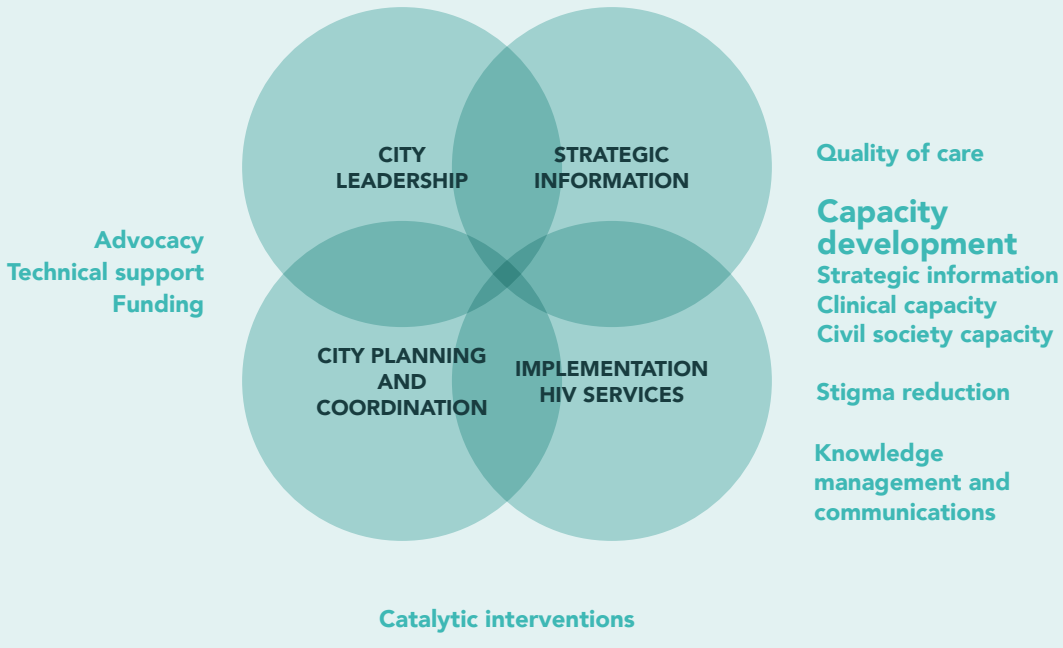
1.2.3. Six objectives

The FTC Project is structured around six objectives:

- **Objective 1.** "Optimize HIV service delivery through promoting leadership, accountability and impact in the HIV response, and by strengthening critical partnerships, creating an enabling environment, developing robust strategic plans, and providing support for innovative or catalytic interventions that may be scaled up and fully funded from domestic or donor resources."
- **Objective 2.** "Support cities to collect, analyse and report strategic information and data on the HIV epidemic and response, and to use the information to track progress and guide the response."
- **Objective 3.** "Develop city-specific dashboards featuring HIV-service coverage data; progress towards optimizing treatment and prevention continua; and data on HIV-related comorbidities."
- **Objective 4.** "Strengthen the capacity of health care providers and people living with HIV in the respective cities to achieve and maintain optimal HIV prevention and care continua, and to attain key targets."
- **Objective 5.** "Strengthen the capacity of HIV service providers in the respective cities to eliminate HIV-related stigma in health care facilities and mitigate stigma within communities."
- **Objective 6.** "Assess the quality of care provided to people living with HIV in Fast-Track Cities and facilitate the sharing of best practices."

Knowledge and communications are cross-cutting across all activities and are essential for both learning and advocacy. A range of activities, including workshops and conferences, and products such as reports, factsheets and briefings, are designed for sharing learning between the cities and their stakeholders. Journal articles, feature stories and videos are for wider sharing.

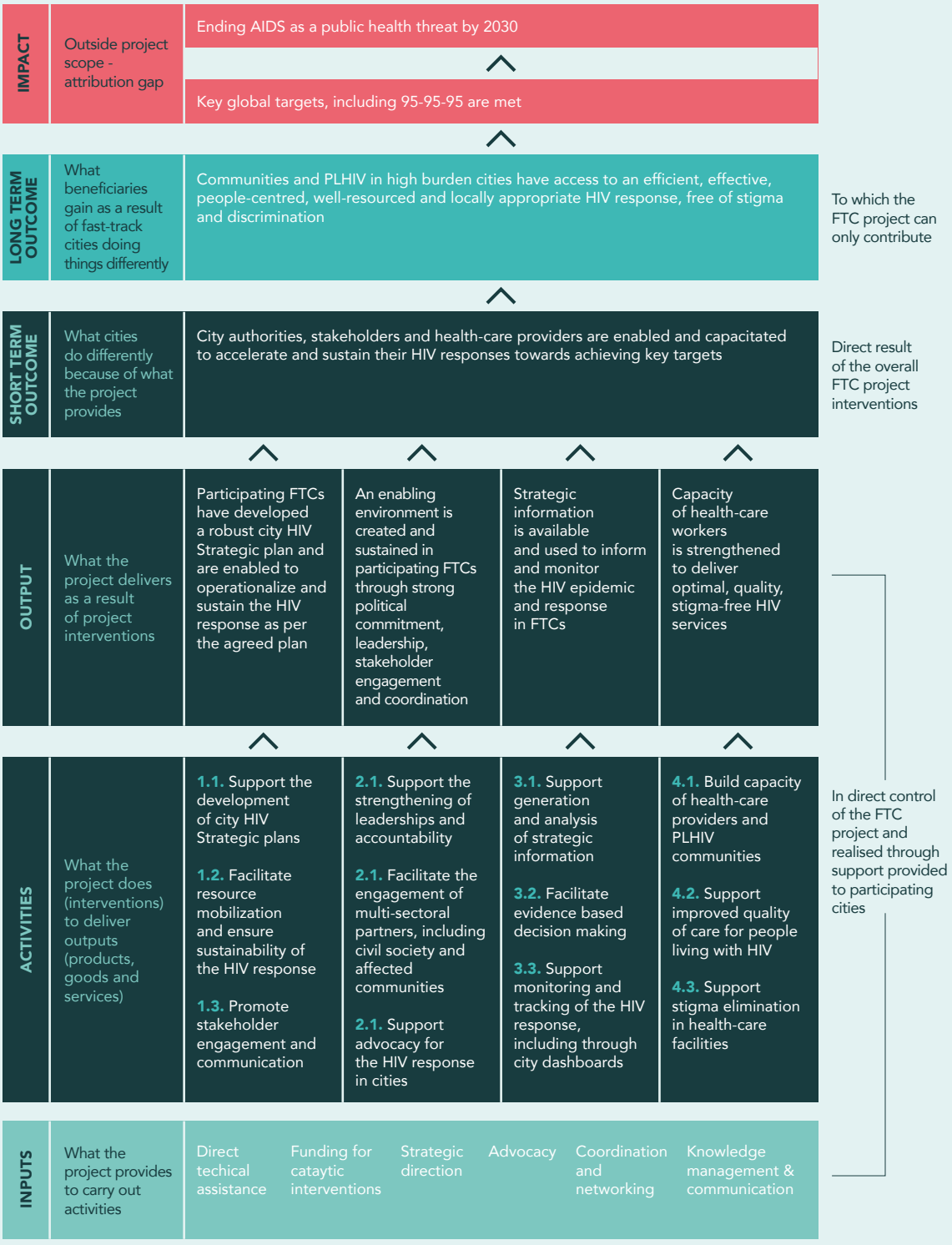
Figure 4. How the FTC Project supports the city HIV response



1.2.4. The Theory of Change

The FTC Project has been guided by the project theory of change and related logical and monitoring and evaluation frameworks. The theory of change describes the ideal stepwise progression from programme inputs to city outcomes (Figure 5).

Figure 5. Fast-track cities theory of change



As shown in Figure 5, FTC Project inputs or support modalities are advocacy, technical assistance, funding, strategy, coordination and networking, and knowledge management and communications. Activities under each objective, which have been agreed by city leadership, lead to outputs, or achievements directly attributable to the programme. These in turn combine to deliver the immediate outcome of the project, to achieve a strategic and coordinated HIV response: "City authorities, stakeholders and healthcare providers are enabled and capacitated to accelerate and sustain their HIV response towards achieving key targets."

The immediate outcome, in conjunction with work by other partners, leads to the long-term desired outcome: "Cities provide a supportive environment for people living with HIV and key populations and communities are using appropriate people-centred, HIV treatment and prevention services, which are free of stigma and discrimination."

This outcome in turn contributes to the ultimate impact, including achieving global treatment and prevention targets and ending AIDS by 2030. This impact may only be achieved through collective endeavour that depends on a range of factors such as funding, and local and national political will, which are outside the control of the FTC Project.

1.3. THE CHANGING LANDSCAPE

During the FTC Project period of implementation, there have been a number of global developments that have influenced the project.

- **The Global AIDS Strategy 2021–2026: End Inequalities, End AIDS.** This revised UNAIDS strategy was adopted by UN member states in 2021 as part of the new Political Declaration on HIV and AIDS. It uses the lens of inequality to understand and overcome the obstacles to ending AIDS. The strategy puts people living with HIV and communities at risk at the centre of the response and sets out bold new targets for 2025, including raising the 90–90–90 treatment targets to 95–95–95 (Figure 6). This strategy was integrated into the ongoing work of the FTC Project (Figure 7).
- **Advances in HIV prevention and treatment.** The science of pre-exposure prophylaxis (PrEP) and treatment as prevention (U=U) had been fully accepted by 2018. Similarly, the concept of differentiated care was well established. However, real world implementation was lagging behind. The FTC Project played a significant role in supporting cities to adopt these new strategies.
- **The COVID-19 pandemic.** The COVID-19 pandemic, and particularly the lockdown in its early phases, had a strong influence on FTC Project programming, disrupting progress but also driving important changes and new ways of working in the city response.

Figure 6. The Global AIDS Strategy 2021–2026. Targets for 2025.

PEOPLE LIVING WITH HIV AND COMMUNITIES AT RISK AT THE CENTRE

Less than
10%

- of countries have punitive laws and policies
- experience stigma and discrimination
- experience gender inequality and violence

95%

- use combination prevention
- of PLHIV know their HIV status
- of PLHIV who know their status initiate treatment
- of treatment are virally suppressed
- coverage of services for eliminating vertical transmission
- of women access HIV and sexual and reproductive health services

90%

- of people living with HIV and people at risk are linked to people-centred and context-specific integrated services

Figure 7. The FTC Project timeline

2014

Paris Declaration; FTC Initiative launched
90-90-90 targets

2018

FTC Project launched; 10 cities join

2019

FTC Project meeting Johannesburg
Year One Report

FTC On the Road to Success report
Five more cities join FTC Project

2020

FTC London conference
FTC Project meeting

COVID-19 epidemic begins
FTC Project Mid-term review

2021

City contingency plans developed
FTC virtual conference
FTC Project meeting

Global AIDS Strategy; 95-95-95 targets

2022

FTC side event at the High-Level Meeting on AIDS
FTC Project meeting
FTC Lisbon conference

FTC Project Good Practice report

2023

FTC Project meeting Seville
FTC Seville conference
Sevilla Declaration

FTC Project Resource Pack

2024

FTC Project meeting Amsterdam
FTC Amsterdam conference

Urban strategy developed
Sustainability and transition plans developed

2.
PROJECT ACHIEVEMENTS

This section summarizes the changes brought about by the FTC Project over the course of the project in terms of the six project objectives. It refers to case studies in Section 3, the city stories in Part 2, and the good practices (GP) in Annex 1.

2.1. STRENGTHENING LEADERSHIP, GOVERNANCE AND IMPLEMENTATION

Objective 1. Optimize HIV service delivery by promoting leadership, developing strategic plans, creating an enabling programmatic environment and supporting catalytic interventions that may be scaled up and fully funded from domestic or donor resources.

2.1.1. Supporting leaders and strengthening accountability

By the time the FTC Project was launched in 2018, 14 out of the 15 cities had already endorsed the Paris Declaration. High-level political support for the city HIV response was demonstrated by mayors and municipalities throughout the project. City leaders have consistently participated in Fast-Track Cities conferences and workshops. For example, the mayors of Kyiv and Johannesburg illustrated their commitment to the HIV response by participating in a side event during the 2021 UN High-Level Meeting that led to the UN Political Declaration on HIV. In 2022, the Lusaka mayor presented the city's campaign to eliminate vertical transmission of HIV at the Fast-Track Cities annual conference in Seville, and in 2023 the Deputy Mayor of Kyiv shared the city's strategies to maintain the HIV response in a war situation at the Amsterdam Fast-Track Cities conference.

Mayors have also been personally engaged in FTC Project activities, chairing HIV coordinating structures, launching and leading campaigns and mobilizing communities. For example, in 2018, the Rwandan First Lady launched the PMTCT Campaign Free to Shine; in 2019, the Windhoek mayor initiated the male engagement campaign, and in 2022, the Kingston mayor worked with the Jamaican network for people living with HIV (JN+) to create stigma-free spaces in the city. Mayors in many cities routinely attend ceremonies and events. For example, in Yaoundé, mayors of the seven districts have integrated HIV education into the wedding ceremonies they officiate, and in 2022 the eThekwini mayor attended a breakfast where people shared their stories of living with HIV.

LEADERSHIP AND COMMITMENT FOR HIV PREVENTION, KAMPALA

An innovative partnership between city leaders, the Kampala Capital City Authority (KCCA), FTC Project and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) have led HIV prevention campaigns in the city.

Their focus was on HIV prevention, gender equity and gender-based violence, using 'boda-boda' (bicycle taxi) drivers to communicate messages. Division health education teams have also visited key hotspots, including slum settlements, markets and boda-boda ranks, to sensitize communities about HIV.

The most recent campaign aimed to sensitize and educate young men and provided self-test kits, testing services, condom distribution and referral to treatment services. In two days, the campaign sensitized 10 680 people, tested 2268; linked 23 to care and distributed 59 030 condoms.

See GP 1.7.

High-level participation and commitment are first steps in strengthening the city HIV response. However, political support is not always translated into real change. The project's ongoing support and advocacy were influential here. Structural changes and implementation achievements are described on a city by city basis in Section 4.

One clear indicator of long-term commitment to drive change is the allocation of additional resources for HIV from the city budget. This has happened in several cities, for example, in Lusaka there was a 50% increase in domestic funding for HIV and gender in the first three years of the FTC Project; in Jakarta there was an increase in sustainable expenditure from US$ 149 308 in 2020 to $318 392 in 2022; and in Lagos, HIV service spending increased from 12.5% in 2021 to 12.8% in 2022.

LAGOS STATE DOMESTIC RESOURCE MOBILIZATION AND SUSTAINABILITY STRATEGY

Lagos city's HIV response has been largely donor dependent, but in 2023 the Lagos Domestic Resource Mobilisation and Sustainability Strategy (DRMSS) 2023–2025 was developed. This strategy was designed by consensus with multiple stakeholders in the city. It identifies approaches and strategies that will allow the city to tap available funding opportunities vis-a vis the State HIV programme.

Five key strategies include: public sector mainstreaming; non-public sector financing sources; increasing efficiency and effectiveness of the HIV response; local manufacture of HIV commodities; and improvement of governance of HIV response at all levels.

See GP1.4.

See also
Case study: City ownership and support. In Kingston. From MOU to Kingston in Red.

Good practices in Annex 1
GP1.1–GP1.6.

2.1.2. Planning, coordination and partnerships

At the start of the FTC Project, several of the 15 cities already had well-established HIV governance structures and HIV strategic plans. Others had functional coordination and planning processes that would benefit from strengthening, while a few cities had weak or non-existent coordination structures and plans. In a fourth group of cities, health and HIV were not a significant part of the municipal mandate. Part 2 of this report describes the baseline situation in the 15 individual cities.

Support from the FTC Project included advocacy and technical support for:

- Development of new city HIV strategic plans aligned to national HIV priorities and based on available strategic information.
- Reviews of existing city HIV plans to identify gaps and solutions, which then fed into the development of successive plans.
- Development and strengthening of HIV and health coordination bodies by both formalizing their structure and by including a wider range of partners, particularly civil society organizations.

By the end of 2023, all municipalities had functional coordination structures which varied in nature from city AIDS councils, coordination groups, steering committees and technical working groups. In most cities these meet regularly (bi-weekly, monthly, or quarterly), and in some cities are chaired or co-chaired by the mayor's office. The majority of these coordination bodies include municipal, government (health and other sectors), civil society, private sector, donors and implementing partners.

By the end of 2023, ten municipalities had up to date, approved multisectoral HIV plans, which had been developed by all implementing partners, including civil society. These are evidence based, aligned with national strategic plans and provide coordinated guidance for the HIV response.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Of the remainder:

- The two South African cities, eThekwini and Johannesburg, were in the process of renewing current district implementation plans, pending the finalization of the national strategic plan in which their city plans are embedded.
- Maputo was in the process of developing a current strategic plan that will succeed the 2014–2019 strategic plan.
- The Kyiv HIV response had been incorporated into two municipal plans.
- Kingston City had opted for a different approach, as health is not a function of the municipality. A multidisciplinary team was established to oversee the FTC Project plan, which focuses largely on non-health aspects of the HIV response.

Some cities, for example Nairobi and Kigali, were exploring future integration of city HIV plans into wider municipal plans.

MAINSTREAMING THE HIV RESPONSE, LUSAKA

Lusaka City established Fast-Track steering and technical committees to coordinate partners working in the city. The committees guide the implementation of the response using strategic information and the expertise of partners, including those from affected communities. These committees are convened by Lusaka City and AMICAALL (Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, Lusaka).

The technical committee meets regularly to develop fast-track plans and budgets, and to monitor their implementation. In 2020, an innovations team was established to help the technical committee identify and promote evidence-based community-led initiatives.

These committees have had a significant impact on the city's political leadership and management capacity. They have helped civic leaders to understand their own role in the HIV response. They have also provided capacity building workshops and orientation organized for the newly elected mayor and 38 Ward Councillors.

The city is also now actively engaged with donor agencies such as PEPFAR and The Global Fund, for example participating in Global Fund grant applications.

See GP2.8.

Partnerships

New partnerships have strengthened the HIV response in all 15 cities—whether as part of the formal coordination structures or on a more ad hoc basis. These included: associations and offices of mayors; National AIDS Control Councils/Committees; universities; donor agencies (including PEPFAR and The Global Fund); US Centers for Disease Control and Prevention; research centres; civil society organizations; networks of people living with HIV and key populations; local nongovernmental organizations (NGOs); the private sector; education sector; foundations; UN organizations; and national, regional, and local authorities.

ENGAGING THE PRIVATE SECTOR TO INTEGRATE HIV POLICY INTO WORKPLACE PLANNING, LAGOS

The Lagos State AIDS Control Agency (LSACA) has established strong partnerships with 30 key private sector players to promote the integration of Nigeria's National Workplace Policy on HIV/AIDS into workplace planning. The policy aims to protect people living with HIV and promote and ensure respect for their rights. Human resource managers at these organizations receive workplace policy documents for adoption and distribution, and LSACA provides training on the policy. Training includes basic facts about HIV, the rights of people living with HIV and how to response to rights abuses.

The Nigerian Business Coalition against HIV/AIDS is also championing the workplace policy.

See GP2.6.

Collaboration with the Global Fund

The Global Fund has become an important partner for the FTC Project. At the global level, portfolio managers have been briefed at meetings and through regular updates. At the city level, active engagement and regular communication is maintained with the Global Fund implementing partners and principal recipients to provide project updates and ensure the alignment of city-level activities.

In several cities, for example Kingston, Jakarta, eThekwini and Johannesburg, implementing partners and principal recipients are included in city and/or FTC Project coordination structures. Meetings of these coordinating bodies are often used to discuss progress in the HIV response, including towards achieving 95–95–95 and other targets.

Further collaboration occurs through forums such as the country coordinating mechanisms, city working groups and national AIDS councils. For example, in Zambia the Ministry of Health and the National AIDS Council are recipients of the Global Fund and collaborate with the Lusaka FTC Project technical committee to plan and implement Fast-Track Cities activities at the district and community level, and to improve coordination of the HIV response in Lusaka.

In several cities, FTC Project teams have participated in national dialogues and in the development of windows two and three of grant cycle 7 (GC7) requests to ensure that urban HIV responses are included. For example, members of Kigali's and Kinshasa's FTC Project teams actively contribute to the Global Fund grant writing process. Blantyre's participation in the writing team of the GC7 requests has resulted in the inclusion of some of the FTC Project's strategic initiatives.

See also
Case study: Building collective action on HIV in Johannesburg.

Good practices in Annex 1
GP2.1–GP2.9.

2.1.3. Civil society engagement

One of the greatest shifts in the city HIV response, for many cities, has been the formal engagement of civil society organizations in the coordination bodies and in developing city strategic plans. The participation of these organizations representing people living with HIV and key populations has undoubtedly improved policies and programmes for these groups in many cities. There is anecdotal evidence of attitudinal changes among city leaders as a result of the engagement of key populations in these bodies.

Civil society organizations have also come to the fore as formal implementing partners in the city response. For example, Jakarta has developed a new model of social contracting for these organizations. Lusaka recruited 20 such organizations and networks of people living with HIV to provide HIV services. Finally, Blantyre has supported peer led civil society organizations to understand, and offer support services for young people living with HIV. Such organizations in Kyiv have been the backbone of the city HIV response during both COVID-19 and during the war.

A COMMUNITY APPROACH TO IMPROVING ACCESS TO HIV SERVICES FOR YOUNG PEOPLE AND KEY POPULATIONS LIVING IN INFORMAL SETTLEMENTS IN NAIROBI

Women Fighting HIV and AIDS on Kenya (WOFAK) was contracted to build the capacity of caregivers and parents to support young people living with HIV. They conducted community dialogues in informal settlements on topics such as treatment adherence, HIV, sexual and reproductive health, and mental health. Participants discussed challenges facing young people and suggested practical solutions to address concerns.

A total of 960 caregivers, adolescents and key populations participated in the dialogues and a further 1033 were reached through follow-up outreach.

The numbers of adolescents and young people and key populations who accessed health-care services in informal settlements in the four targeted sub-counties rose from 23% in February 2023, to 30% in September 2023.

See GP3.4.

See also
Case study: Civil society organizations, the backbone of the emergency response in Kyiv.
Case study: Community antiretroviral therapy distribution in Kinshasa.
Case study: Scaling up services for young people and key populations in Nairobi.

Good practices in Annex 1
GP3.1–GP3.6.

2.1.4. Improving the environment for key and priority populations

The past decade has witnessed great progress in access to HIV services, as evidenced by improving treatment cascade indicators. At the same time, there has been growing concern globally, and in the 15 cities, about the groups which have been left behind, or left out of the treatment revolution. These include key populations such as sex workers, gay men and other men who have sex with men, people who use drugs, and other priority groups such as adolescents and young people, children and men and boys. Most of the 15 cities are also missing the target for the 'third 95', viral load suppression, suggesting the need for greater support for people living with HIV in terms of adherence counselling, mental health and other interventions.

The FTC Project provided funding and technical support for catalytic interventions aimed largely at these groups. These interventions were identified by the cities, based on available strategic information. Successful interventions described here have been scaled up or have the potential to do so. They have brought real improvements to the environment and HIV services for key populations and priority groups.

Adolescents and young people
Many of the 15 cities have young populations and the evidence shows that 15–24 year olds account for a large proportion of new HIV infections. At the same time, adolescents and young people may: be ill-informed about HIV and sexual health; reluctant to practice safer sex; to get tested for HIV; and, if HIV-positive, to take HIV medication. Cities have taken on this challenge with great commitment and the FTC Project has supported a range of successful interventions.

Strategies that have been scaled up, or have demonstrated that potential, include the following:

- Mainstreaming sexual health and HIV prevention education in schools and universities. For example, revitalizing Family Life and HIV Education in Lagos (FLHE); and reaching university students with HIV awareness sessions and HIV services in Maputo.
- Using digital technology in the form of a chatbot, Tanya Marlo, to create confidential, youth-friendly education, counselling and HIV referral services at scale in Jakarta.
- Creating youth-friendly HIV services. For example, by employing youth advocates in high volume facilities in eThekwini; and by a comprehensive multi-faceted approach, including integrating friendly services in all health facilities, in Nairobi.
- Scaling up support for young people living with HIV. For example, through: community dialogues in Maputo; training peer educators in Kinshasa; strengthening youth support groups at high-burden facilities in eThekwini; and by understanding risk and creating safe spaces for young people living with HIV in Blantyre.

UNDERSTANDING AND SUPPORTING YOUNG PEOPLE IN THE CONTEXT OF HIV, BLANTYRE

The FTC Project supported a peer-led NGO, Forum for AIDS Counselling and Testing (FACT), in their work to understand and support young people in the context of HIV.

This included:

- Dialogues with young female university students to understand their HIV risk.
- A peer-led advocacy and education campaign at universities and colleges.
- Training peer educators and HIV counsellors to provide youth-friendly services.
- Establishing a 'Comfort Corner' for young people living with HIV to alleviate loneliness, reduce the impact of stigma and promote ART adherence.

The FACT strategy has led to an improvement in prevention and care of young people in Blantyre, particularly young women living with HIV. The information they gathered was fed into the development of the Blantyre City Strategic Plan.

See GP4.1, GP4.2 and GP4.14.

See also
Case study: Scaling up services for young people and key populations in Nairobi.
Case study: The Higher Education Initiative in Maputo.

Good practices in Annex 1
GP4.1–GP4.14.

Children living with HIV

Although antenatal services are accessible in all 15 cities, the evidence shows that prevention of vertical transmission services are still missing women, babies and children living with HIV who are not getting the care they need. In most countries/cities, progress towards achieving treatment targets for children are also lagging behind those for adults.

City leaders have pledged to end this crisis and the FTC Project has supported a range of interventions that have the potential of saving lives and heartbreak in the future. These include:

- A digital platform, Landela, to strengthen data on the prevention of vertical transmission and improve services in Kinshasa, which has been scaled up to four other cities in the Democratic Republic of the Congo.
- Engaging private health facilities to increase prevention of vertical transmission efforts across Lagos.
- Engaging community volunteers in a campaign to eliminate vertical transmission in Lusaka.
- Two multi-faceted, city-wide strategies to support caregivers and end paediatric AIDS in eThekwini and Yaoundé.

The initiatives in eThekwini and Lusaka are already contributing to improved treatment cascade indicators for children living with HIV.

INVOLVEMENT OF COMMUNITY VOLUNTEERS IN PREVENTING VERTICAL TRANSMISSION OF HIV, LUSAKA

The Lusaka City Council partnered with community volunteers from the Network of Zambian People living with HIV (ZNP+) to increase early antenatal attendance, improve service delivery for pregnant women living with HIV, and to increase male and community engagement in the prevention of vertical transmission of HIV programme.

The volunteers were trained on HIV prevention and based in five health facilities.

By 2022, the volunteers had traced 1265 women who had defaulted on treatment and were brough back into care. Most exposed infants (95%) tested negative at 18 months.

This initiative has contributed to a reduction in the vertical transmission rate from 3.3% in 2018 to 2.7% in 2021 and was personally presented by the mayor at the Fast-Track Cities conference in Seville.

See GP3.3.

See also
Case Study: No child left behind, eThekwini.
Case study: The road to ending paediatric AIDS in Yaoundé.
Case study: Digital innovation to strengthen HIV services for priority groups in Kinshasa.

Good practices in Annex 1
GP5.1–GP5.5.

Key populations and people living with HIV

In the majority of the 15 cities, key populations and people living with HIV experience pervasive stigma and discrimination. Adverse legal environments also exist in some cities for sex workers, gay men and other men who have sex with men, and drug users. These factors limit the availability of appropriate prevention and treatment services for these groups.

The FTC Project has supported efforts in almost every city to tackle these challenges, many of which have already been described above. Other examples include:

- Support for a municipal strategy to tackle stigma and create stigma-free spaces for people living with HIV in Kingston.
- A campaign for the human rights of people living with HIV in Kinshasa.
- Campaigns to promote treatment as prevention (U=U) in eThekwini, Johannesburg, Lusaka and other cities.
- The development of a digital app enabling the reporting of poor and/or discriminatory HIV services in Kinshasa.
- A multi-year campaign to increase PrEP and access to stigma-free services for key population in Kampala.
- A concerted effort in Kigali to address challenges for key populations and people living with HIV, including assessments to understand risk, capacity building for health workers, advocacy with government ministries and communications campaigns.

As a result of these activities the environment for key populations and people living with HIV has improved over the life of the FTC Project in all cities except Kampala, where anti-homosexuality legalization is affecting programming. In addition to the activities above, stigma and discrimination towards people living with HIV and key populations have also been reduced by the engagement of these groups in city planning and institutions (see Section 2.1.3) and capacity building (see Section 2.3.2).

CAMPAIGNING FOR HUMAN RIGHTS FOR PEOPLE LIVING WITH HIV, KINSHASA

Kinshasa has conducted several initiatives and campaigns to raise awareness and promote the human rights of people living with HIV. These include capacity building and human rights training for parliamentarians, religious leaders and people living with HIV, and sessions at parliament around discriminatory legislation.

By the end of the first year of the FTC Project:

- Capacity building reached 55 judges, 102 judicial police officers, 97 lawyers and prosecutors, 56 police officers and 104 magistrates.
- Human rights training was given to 32 parliamentarians, 25 religious leaders and 24 people living with HIV.
- Sessions at parliament resulted in the removal of the law that made it mandatory to disclose HIV status prior to sex.

See GP7.6.


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See also
Case study: Supporting key populations in Kampala.
Case study: Addressing social/ structural barriers for key populations and priority groups in Kigali.

Good practices in Annex 1
GP7.1–GP7.8.

Men and boys

Evidence from many cities shows that men are less likely to access HIV services than women and more likely to die of AIDS-related diseases.

The FTC Project has supported several cities to develop targeted strategies to deal with this, including:

- The establishment of a Men's Forum in Johannesburg.
- Male participation in antenatal care in Maputo.
- A male engagement campaign supported by the mayor of Windhoek.

ENGAGING MEN AND BOYS FOR HIV PREVENTION AND CARE AND REDUCING GENDER-BASED VIOLENCE IN JOHANNESBURG

The FTC Project has supported the Takuwani Riime (Stand Up) Foundation, which has 1600 members in Alexandra township and conducts a range of campaigns and activities aimed at opening the dialogue on HIV and on gender-based violence. Peer mentors visit schools and also support young men who use drugs.

Support has also been provided for the establishment of a Men's Sector Forum in Johannesburg with the aim of mobilizing men and boys for HIV prevention and care and reducing gender-based violence. Collaborative activities have included peer to peer engagements, community dialogues, behaviour change campaigns, men's camps, community capacity building and mentorship. Health sector interventions include active referral and linkage of men to competent male friendly health facilities and mobile clinics. Talks with parents and school pupils have focused on reducing violence, including gender-based violence.

Between 2018 and 2023, a total of 63 578 men and boys were reached. Demand creation activities have contributed to a 26% increase in health facility HIV testing, a 100% successful linkage to care, and 8% increase in new people living with HIV on treatment and a 4% increase in viral load uptake in communities. By September 2023, viral load suppression for adults stood at 96%. See video.

See GP6.1.

See also
Video: Men's Forum: Focusing on men to change social behaviours in South Africa (YouTube.com).
Case study: Male engagement in Windhoek.

Good practices in Annex 1
GP6.1–GP6.3.

2.2. STRATEGIC INFORMATION

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

Strategic information (SI) is an essential component of an effective city HIV response. It is used to inform city HIV plans and programmes, for reporting on targets and anticipating future needs. Strategic information also influences decision-making and allocation of domestic and donor funding. For example, the availability of improved data for Kinshasa facilitated the support of PEPFAR and the Global Fund, which together are supporting HIV services in the 35 health zones of the province.

At the start of the project, SI practices and needs varied widely across the 15 cities and technical support and capacity building were provided according to need. The case study on Jakarta illustrates a comprehensive approach to strengthening strategic information.

See
Case Study: Strategic information drives the HIV response in Jakarta.

Situational analyses, KYE and KYR
A situational analysis provides an understanding of the context for the epidemic and was widely undertaken at the beginning of the project to feed into Fast-Track planning. Some cities, for example Lagos, repeated the situational analysis at the end of the project, to assist with sustainability plans. Jakarta undertook a situational analysis specifically to understand the impact of HIV in the workplace.

All cities were also supported to 'Know Your HIV Epidemic' (KYE), and standardized epidemic profiles were produced and validated in all 15 cities. Comprehensive surveys and mapping of service providers were also conducted in the first year of the FTC Project. These enabled a clear understanding of the city's HIV response Know Your HIV Prevention Response (KYR).

In 2023 in Kigali, an exercise on HIV and sexual and reproductive health helped to obtain a better understanding of the needs of people who use drugs and people with disabilities, and to advocate for equitable access to health services and support for these populations.

SEVEN PROFILES FOR SEVEN DISTRICTS, YAOUNDÉ

In 2018, baseline data were collected for all seven of Yaoundé's districts and an epidemiological profile was created for each one. The profiles, which were disaggregated by age and gender, showed that HIV prevalence varied considerably across the districts, from 3% to 6%.

Data on HIV testing, prevention of vertical transmission and treatment services were also collected, and key population hotspots mapped. The maps and data were compiled into fact sheets which are regularly updated.

The data informed the development of the Yaoundé City Action Plan 2018–2020, which was launched and validated at an event chaired by the Minister of Public Health and attended by all seven district mayors and other stakeholders.

See GP8.9.

Epidemic modelling
Modelling to produce epidemic estimates were conducted in some cities, notably in Jakarta using the Asian Epidemic Model, and in cities in sub-Saharan Africa using the Naomi model.

Modes of Transmission studies in Lagos and Kigali were used to enable an improved understanding of the distribution of infections by risk population, and in Jakarta an investment case matched different epidemic scenarios with future resource needs. These influenced allocation of domestic funding in both cities.

Granular data

In Nairobi, granular spatial data identified four high-burden districts and populations, which shaped future programming in the city and strengthened outcomes for key populations and adolescents living in informal settlements. This work was presented at the first Fast-Track Cities workshop in 2018, and a number of other countries, for example Lusaka, adopted this approach. In Maputo, a granular data exercise identified a mismatch between HIV services and population due to migration between Maputo, and neighbouring districts.

In the two South African cities, granular data on treatment outcomes were assessed weekly at Nerve Centre meetings and used to identify areas where activities needed strengthening. This led to an improvement in treatment cascade indicators.

POPULATION, LOCATION APPROACH WITH GRANULAR DATA, NAIROBI

In 2017, Nairobi City County began a process to generate granular data to understand its epidemic and response. All health facilities offering HIV and tuberculosis services in the county (from public, private and NGOs) were mapped, and data were collected and analysed.

The findings were then presented through geospatial mapping and graphics. The exercise showed that 60–70% of Nairobi residents live in informal settlements concentrated in four sub-counties. HIV prevalence in these areas was almost double that of the whole of Nairobi (12% versus 6.1%). The informal settlement of Kibera, for example, was home to the highest number of people living with HIV, with HIV prevalence between 15% and 16%.

The analysis also showed that 46% of new infections occurred among young adults (ages 15–24 years), but only around one fifth of these new infections were identified in 2016. Viral suppression was also lowest in these groups and in key populations.

The granular data enabled an analysis of barriers and bottlenecks to service delivery and recommendations for action to address key challenges. This guided programme implementation has focused on reaching those in highest burden areas.

See GP8.8.

See also
GP8.7: Population and location targeting services in Maputo.
GP2.3: Coordination to accelerate progress towards treatment targets, Johannesburg.

Mapping

As part of the exercise to know their city response at the beginning of the project, several cities undertook a comprehensive mapping of HIV service providers. For example, in 2019, Blantyre found there were 247 HIV service providers and implementers in this one small city. This information helps identify challenges and opportunities, and key stakeholders to be included in coordination bodies.

Detailed mapping of services for key populations and priority groups was also undertaken. For example, in 2021, Kampala, in collaboration with civil society organizations, conducted a mapping exercise to identify and locate health services that were friendly environments for key populations. This exercise led to the development of a mobile app which identified health facilities that offered stigma-free services. The data gathered were also fed into the new city plan and used to improve services.

Size estimates and hot-spot mapping of key populations have been undertaken and regularly updated where populations are extremely mobile, for example in Nairobi.

MAPPING AND IMPROVING YOUTH SERVICES, LAGOS

The FTC Project supported the Lagos State AIDS Control Agency (LACSA) to map community structures and services for young people. A total of 36 structures were identified, of which 27 were functional.

The map and report were disseminated in the form of a directory to youth networks and organizations, implementing partners and other relevant civil society organisations.

Uptake of HIV testing services and sexual reproductive health services by young people has improved in the mapped 27 functional youth centres from the registered beneficiaries in each of the centres since December 2020.

In addition, a total of 27 000 leaflets, posters, booklets and stickers were printed to support the uptake of HIV prevention interventions among adolescents and young people and key populations in the city. The information education and communication (IEC) materials have been deployed together with self-testing kits to 31 youth centres in the State.

See GP8.10.

Research, surveys and assessments

Research and surveys have described complex causes of risk or changing patterns of HIV transmission. For example, in Kyiv, a rapid review of injecting drug use showed a shift from opiate use to stimulant use and will be used to guide future programming. In Blantyre, a civil society organization conducted dialogues that illuminated the HIV risk of young women; the findings will be used to strengthen the city strategic plan.

Jakarta has undertaken integrated biological behavioural surveillance (IBBS), which will be used to evaluate progress and to develop the Global Fund request. In Kinshasa, a study on barriers to use of health services will be used to improve programming for key populations. In Kigali, several assessments were conducted on social and structural barriers to HIV services for key and priority populations.

RAPID ASSESSMENT OF THE DRUG SCENE, KYIV

The FTC Project supported the Kyiv City Public Health Centre and the Institute for Social research to undertake a rapid assessment of the local drug scene.

The report, which was completed in January 2021, showed that the number of opiate users had decreased in the past five years while the use of stimulants had increased. The change in drug use in the city has important implications for harm reduction strategies such as methadone maintenance therapy and needle and syringe exchange.

Key findings were presented to city stakeholders and will guide future strategy and planning. UNAIDS and UNODC are planning to pilot services for stimulant users in 2024.

See GP8.3.

Monitoring and evaluation

Monitoring and evaluation frameworks have been strengthened and key staff trained to use them. For example, Lusaka established its first ever monitoring and evaluation unit in the city planning department and its staff have been trained to use programme, secondary and census data to generate HIV estimates for the city's wards and constituencies. In Yaoundé, city focal points were trained on monitoring and evaluation with the support of the National AIDS Control Committee and the Ministry of Health.

See
Case Study: Generating spatial data and strengthening monitoring and evaluation in Lusaka.

Communication tools

Epidemic profiles published in an accessible format are used for advocacy, decision-making and leveraging resources, and are appreciated by government partners. For example, Windhoek's profile has catalysed the development of profiles for all of Namibia's 14 regions.

Cities have also developed other visualization tools for strategic information. For example, in Yaoundé, local fact sheets are produced annually and the epidemiological data used

by municipalities for decision-making. In Kampala, data are compiled in the Citywide Bulletin and in the annual performance report to guide planning and programming. In Jakarta, fact sheets are updated each semester with routine data, IBBS and AIDS spending assessment data. In Lagos, fact sheets are disseminated widely to stakeholders to inform state actors about the city's HIV response. Johannesburg also regularly produces a comprehensive city profile giving granular data on subdistricts.

Kyiv developed a website on which information on the HIV epidemic could be found. This is still publicly available, but epidemic data are no longer refreshed as staff members of the Kyiv Centre for Disease Control who were updating this page joined the armed forces. Jakarta has also developed its own dashboard, Jaktrack, with the support of USAID/Linkages to monitor HIV services for key populations.

Capacity development

Since the start of the project, the capacity to collect and use strategic information has been significantly strengthened through training and mentoring in 15 cities. For example, Nairobi has benefited from continual capacity building, data quality assessments and review meetings, all of which have improved the capacity of health workers to monitor and evaluate programmes in sub-counties and facilities. This has improved data quality, management and reporting, and increased the use of health data for disease surveillance, operational research and planning.

Online courses building capacity on strategic information are discussed further in Section 2.3.3.

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Training and mentoring have been provided across a range of activities.

- **Routine data.** Cities with strong data systems and good data availability were supported to assess their data for accuracy and completeness. Capacity development in other cities enabled them to access and use routine data already available through their health information systems. For example, Blantyre city council staff are now able to use the district health information system (DHIS2) to collect, analyse and report data. Several cities, for example Yaoundé and Lusaka, were supported to disaggregate city level data from national systems.
- **Data management systems.** In eThekwini data, officers from 30 facilities were trained and mentored in data management. In Kampala, training on data management systems was organized for biostatisticians from all five divisions in the city. In Windhoek, city staff were trained to apply data collection and management tools and data management processes.
- **HIV estimation tools.** In Kinshasa, city and provincial health staff participated in training on HIV estimation tools, workshops on data harmonization and the development of population projections by health zone.

Capacity development for civil society organizations also strengthened programming for key populations and priority groups. For example:

- Civil society organizations in Kinshasa were trained on the Alert Plus app which was developed to report poor service delivery.
- In Maputo, members of civil society organizations attended a skills building workshop to strengthen their understanding of the treatment cascade.
- Johannesburg has supported the Ritshidze community-led monitoring group, which identifies service challenges and shares this information at Nerve Centre meetings where treatment outcomes are discussed.

HIV STIGMA INDEX 2.0, KYIV

The FTC Project supported 100% Life, the Ukraine national network of people living with HIV, to undertake a study on stigma and discrimination.

The data suggest that there is an urgent need for additional programmes for people living with HIV. Over half (56%) reported high levels of self-stigma and nearly a third (32%) of those receiving antiretroviral therapy had interrupted treatment in the previous year, even before COVID-19 disrupted treatment access.

The Kyiv People Living with HIV Stigma Index data serves as a baseline for monitoring stigma and discrimination in the city and will guide future programming.

See GP8.4.

Objective 3. The Fast-Track Cities dashboards. Develop city-specific dashboards featuring HIV-service coverage data; progress towards optimizing treatment and prevention continuums; and data on HIV-related comorbidities.

IAPAC worked with city stakeholders to develop and launch city dashboards. These are housed on the IAPAC Fast-Track Cities Global Web Portal.

The dashboards aim to:

- Demonstrate political leadership, with messages from mayors of the 15 cities.
- Track progress towards 95–95–95 targets and the clinical care continuum.
- Visualize key data, and data mapping.
- Visualize COVID-19 case, death and recovery data during the pandemic.
- Map resources and HIV services.
- Showcase best practices and messages from the community.
- Refer to global and local resources and news.
- Host online capacity building courses.

The education section of the dashboard hosts the capacity building courses (see Section 2.3). It generates certificates on completion of courses, enabling the tracking of participation in the training.

Dashboards have been used for advocacy and to leverage support for the city HIV response. The rapid review conducted in 2020[4] found that key stakeholders across sectors found the dashboards to be useful as a source of city-level data. In some cities, respondents indicated that the availability of a dashboard has had a catalytic effect, creating interest for having dashboards in other parts of the country.

> *"We can see that many people are using [the dashboard] to get information, not only the public but also I have seen that many of the people in our leadership consult that website when they are going to take some decision or want some information."*
>
> **Respondent, Rapid Review, 2020**

A dashboard utilization survey conducted in 2021 showed that all cities were effectively using the dashboard in at least 5 out of a possible 11 domains. The 11 domains were: to visualize key data; track progress against 90–90–90 targets; map HIV services; highlight community advocacy through leadership messages; support fundraising efforts; access resources and/or trainings; showcase best practices; facilitate intercity communications and collaborations; strengthen policy and decision-making; enhance political leadership and advocacy and inform programmatic planning. The most common uses were to visualize key data, track progress against 90–90–90 targets, map HIV services and access training modules.

4. Rapid review to take stock of the Joint UNAIDS-IAPAC Fast-track Cities project. Geneva: UNAIDS; 2020.

Anecdotal evidence also suggests that the dashboards have helped to build a culture of data literacy among health workers. The dashboards help health workers to contextualize their work and understand how individual treatment outcomes contribute to the treatment cascade. Health workers in Lagos, for example have used the dashboard to compare their achievements with other cities in and around the world. The Best Practice Repository has also informed and motivated health providers.

All cities were requested to report data on 95–95–95 targets, care continuum trends, and on HIV incidence, prevalence and AIDS-related mortality. Additionally, IAPAC worked closely with city health officials to identify and visualize other relevant data such as on PrEP, secondary prevention, relevant subpopulations (disaggregated by key population, age, gender), and TB/HIV co-infection. The scope of the dashboards extends beyond the project with cities planning to report TB, hepatitis and social determinants of health data in line with the updated Paris Declaration. The dashboards are also currently being redesigned for ease of usage by city data managers who will ensure that they are sustained. Training on usability and sustainability of dashboards after the project ends has been conducted in cities.

2.3.CAPACITY STRENGTHENING OF HEALTH-CARE PROVIDERS

As part of the FTC Project, IAPAC implemented structured capacity building and stigma mitigation training for providers of HIV care, with a curriculum centred around optimizing the HIV care continuum, free of stigma and discrimination.

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

Four core clinical capacity building modules were offered in years one and two. They were designed to build capacity in HIV testing and linkage to care; antiretroviral therapy initiation, adherence and retention in care; PrEP and PEP; and improving outcomes for key populations. Optional modules were offered on paediatric care, adolescent care and HIV and ageing.

Clinical capacity building courses were offered in three formats—online, on computer or tablet (with SIM cards provided), and as facilitated group learning. Modalities of training included webinars, individual or group online learning, or group face-to-face learning with or without a facilitator. During the COVID-19 lockdown most training was done virtually

Analysis of the capacity building training data for years one and two shows that 9667 providers from 654 facilities in the 15 cities were trained. Of these, 77% scored over 70% in the post-course assessment, which exceeded the target of 70%. The pre and post-assessment scores show considerable improvement in knowledge in the 15 cities (Figure 8).

Over the years, and in response to feedback, additional modules have been developed. Cities had the option of choosing those modules relevant to their needs.

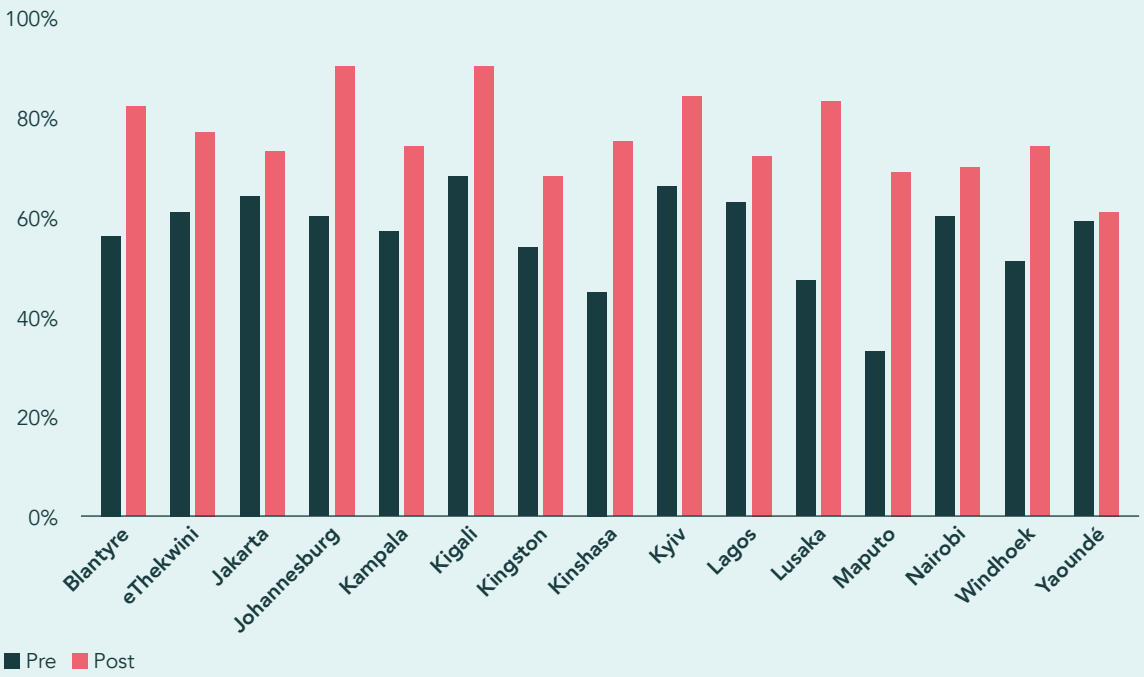
The modules included:

- Incentivized care and differentiated service delivery.
- Enhanced personal contact (including conversation maps and U=U).
- Innovations aimed at facilitating (near) uninterrupted HIV service access and utilization.
- Health system resilience to mitigate, adapt to, and recover from disruptions in HIV service access and utilization.
- Scaling up community-led/delivered HIV care to mitigate, adapt to, and recover from disruptions in HIV service access and utilization.
- UNAIDS 2025 Targets and the UNAIDS Global AIDS Strategy 2021–2026.
- Introducing the Therapeutic Alliance of Improved Health.

The capacity building modules have been welcomed by health authorities. Rwanda, for example, has incorporated the modules into the Ministry of Health's nationwide e-learning platform. Initially aimed at 23 health facilities in the city of Kigali, these are now available to staff at 500 health facilities across the country. The training modules form an integral part of continuing professional development (CPD). This means that health-care providers must complete the courses to renew their annual practice licences.

The Jamaican Ministry of Health has also adopted the courses, with local adaptation, and they will become part of Continuing Medical Education for HIV providers. In Blantyre, capacity building modules were adopted by the Ministry of Health and made available on a dashboard where access is free of charge. The Nurses and Midwives Council is planning to integrate the modules into its curriculum.

Figure 8. Clinical capacity building: pre and post-assessment scores across 15 cities



CLINICAL MENTORING TARGETS IN KHOMAS REGION, WINDHOEK

Khomas, the region in which Windhoek is based, has a quarterly target for clinical capacity building for providers working in antiretroviral therapy facilities. It specifies that 100% of providers should be trained through a combination of site-by-site mentoring, off-site training and/or distance learning.

In the third quarter of 2023, training coverage in 13 facilities increased from 50% to 100% due to the FTC capacity building programme. The training included facility managers, health extension workers, nurses, pharmacists and doctors. It covered basic topics in HIV, PrEP, PEP, stigma, discrimination and adherence to antiretroviral therapy.

The Khomas Regional Health Directorate welcomed the project's contribution to this achievement.

See GP9.9.

Community capacity building

A range of capacity building trainings were also offered to peer educators and other community-based workers. These include:

- **Using the Conversation Map.** The Conversation Map (Figure 9) is a peer education tool which has been designed, in this case, to promote discussion among people living with HIV around staying in care for U=U. Laminated maps and handouts are provided along with a manual on how to use the tool. Peer educators are trained to facilitate these groups, and the tool is made available to peer educators to implement in their communities. A total of 715 peer educators from eight cities were trained on the conversation map.
- **Scaling up community-led care.** These modules aim to build capacity of peer educators including how to mitigate, adapt to, and recover from disruptions in HIV service access and utilization.
- **Peer education training workshops.** These workshops were conducted jointly with the International Treatment Preparedness Coalition. They aimed to train leaders of people living with HIV and key populations to become peer educators. The workshops included basic information on HIV, treatment, adherence and U=U. A total of 254 peer educators were trained in 11 cities, with results shown in Figure 10.

The training has been welcomed by community-based leaders. The Conversation Map has been praised as a unique and powerful tool which stimulates discussions on living with HIV, common myths and obstacles to adherence.

Figure 9. The Conversation Map

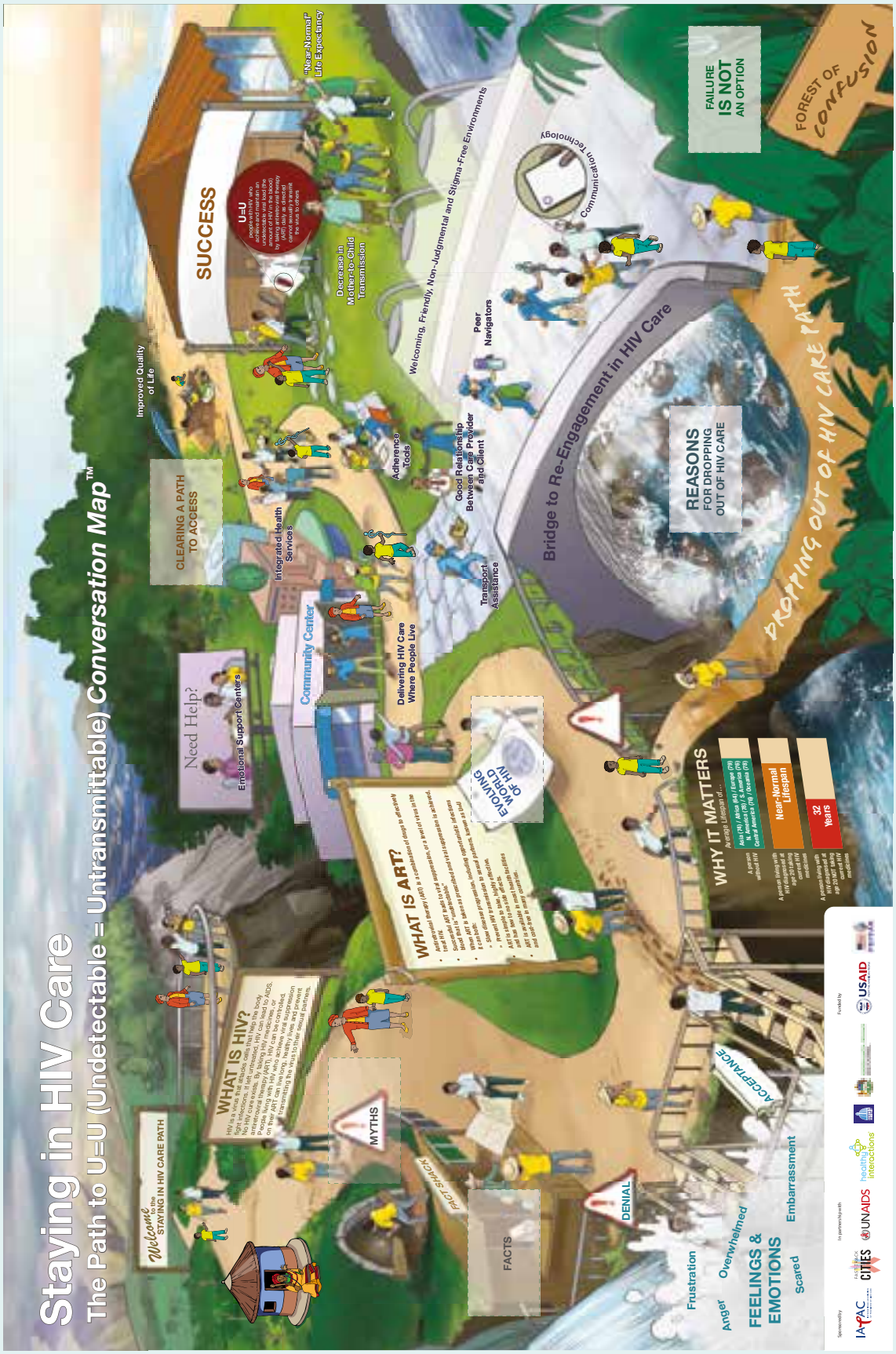
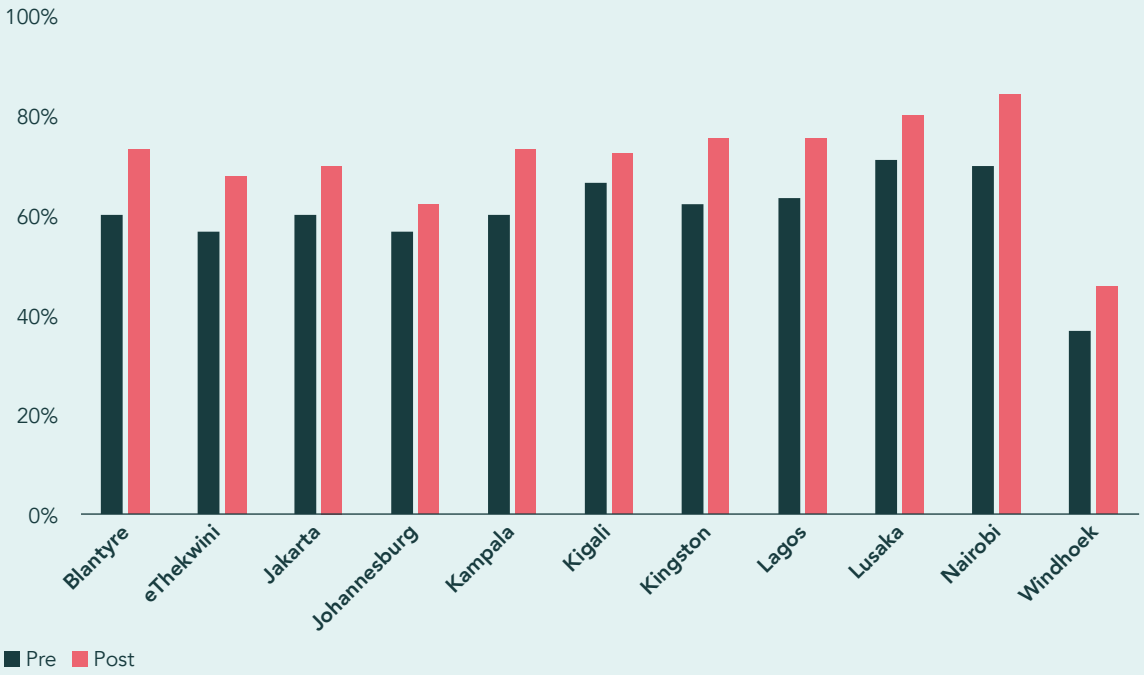


Figure 10. Peer education training: Pre and post-assessment scores



INTRODUCING THE CONVERSATION MAP IN LUSAKA: COMMUNITY ENGAGEMENT FOR U=U MESSAGING

The Conversation Map is an innovative educational method using interactive group participation to empower people living with HIV to become actively involved in managing their health. The tool was designed to facilitate group conversations on HIV management, and the path towards attaining long-term viral load suppression.

One hundred community health workers in Lusaka currently living with HIV were trained using the Conversation Map.

A focus group discussion and post-evaluation were conducted after the training.

The evaluation showed that 95% of the participants considered the Conversation Map superior in its effectiveness when compared to other ways they have learned about their health (i.e. educational materials, the internet, pamphlets in the mail, etc.).

All trainees strongly agreed they had a better understanding of U=U messaging.

A majority (95%) also strongly felt they had the appropriate tools to manage their HIV and general health.

See GP 9.6.

See also
Case study: Capacity building for 95–95–95 treatment goals, Blantyre.
Case study: Building capacity through online mentoring and training in Kingston.
Case study: Using the Conversation Map for U=U in eThekwini.

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

Stigma reduction training took place in two parts. Three narrated modules for health-care providers covered human rights and health; integrating stigma reduction into daily practice; and resources for administrators and managers. The second part consisted of a workshop for facility managers and staff in which they completed a ten-question Stigma Index scorecard (Figure 11). The answers automatically generated a set of recommendations to eliminate stigma in the facility. The last stage of the process involves conducting assessments to evaluate the implementation of action plans derived from the training sessions across various facilities in all 15 cities. This evaluation is aimed at gauging the effectiveness of the stigma reduction initiatives and identifying any areas requiring further attention or adjustment.

Figure 11. Sample code of conduct and the Zero Stigma Scorecard for facilities in Yaoundé

CODE DE CONDUITE

Nous le personnel du **Centre Médico-Chirurgical African Genesic Health**

A *Nous nous engageons à:*

1 Assurer l'accès équitable à des services amicaux et holistiques pour tous les clients quels que soient leur nationalité âge, race, couleur, sexe, religion, ethnie, niveau d'instruction, affiliation politique, état de santé, etc.

2 Assurer le respect des droits du client tels que ;

a) Droit d'**A**ccéder à des **S**ervices de **S**anté de **Q**ualité
b) Droit à **l**'information
c) Droit de **D**onner son **C**onsentement **É**clairé
d) Droit à la vie **P**rivée et à la **C**onfidentialité
e) Droit à la **D**ignité, au **C**onfort et à l'**E**xpression d'**O**pinions.
f) Droit d'obtenir des détails sur le **C**oût des **M**édicaments et des **S**ervices
g) Droit à la **C**ontinuité des **S**oins.

B *Nous encourageons tous nos clients à:*

a) Collaborer et respecter notre personnel soignant.
b) Respecter la vie privée et la confidentialité des autres patients.
c) Demander toute information appropriée concernant les soins, les examens, et les traitements.
d) Adhérer à toutes les règles et réglementations du CMC-AGH (par exemple, ne pas fumer, pas de boisson alcoolisée dans l'établissement, pas d'utilisation de téléphone pendant la consultation et les soins, etc.)
e) Dénoncer toute forme de stigmatisation et de discrimination à travers nos boîtes à suggestions.
f) Se rapprocher de nous en toute confiance pour toute preocupation, réclamation, ou conflit, afin de trouver ensemble une solution.

POUR TOUTE QUESTION / PREOCCUPATION, VEUILLEZ NOUS CONTACTER A TRAVERS

Directeur
6 96 63 58 56

Médecin Chef
6 99 36 88 66

Surveillante générale
6 75 20 14 06

FAST-TRACK CITIES

FAST-TRACK CITIES

ZERO STIGMA ASSESSMENT – Yaoundé

NAME OF HEALTH FACILITY	Total Nº STAFF in the health facility	Total Nº of staff offering HIV services	Zero Stigma SCORE (i = 90%)	
GROUP SESSION I				
HD EFOULAN	205	45	14/31	45%
HD NKOLNDONGO	ND	ND	12/31	38%
PHC NSIMEYONG	NA	NA	16/31	51%
CLINIQUE BASTOS	13	3	13/31	41%
CENTRE HOSPITALIER NICOLAS BARRE'	NA	NA	22/31	70%
ETOUG-EBE BAPTIST HOSPITAL	250	46	26/31	70%
CASS	135	50	17/31	83%
CM POLICE YAOUNDE	118	10	14/31	54%
CMA MVOG-BATSI	NA	5	11/31	45%
CENTRE HOSPITALIER DOMINICAN SAINT MARTIN DE PORRESS	NA	NA	17/31	35%
CENTRE MEDICAL MARIE REINE D'ETOUDI	51	18	12/31	54%
CS ESPERANCE NKOLBISSONG	6	1	10/31	32%
EKOUNOU BAPTIST HEALTH CENTRE	214	6	12/31	38%
GROUP SESSION II				
HD OLEMBE	116	18	12/31	38%
CENTRE SANTE' CATHOLIQUE MONT CAMEL	NA	NA	11/31	35%
CMHD CROIX ROUGE	NA	7	15/31	48%
CENTRE MEDICAL DE LA POLICE	117	10	17/31	54%
HD BIYEM-ASSI	273	28	16/31	51%
CMA NKOMO	NA	NA	23/31	74%
CMA MENDONG	NA	NA	11/31	35%
ESPERANCE OYOM-ABANG	8	1	11/31	35%
HD NKOLNDONGO	76	15	10/31	32%
CENTRE DE SANTE ESPOIR	NA	NA	17/31	54%
CSI EMANA	16	4	16/31	51%
CMA ELIG ESSONO	154	15	12/31	39%
HD NKOLBISSON	12	14	15/31	48%
AFRIQUE FUTUNE DECE GRATIAS EMANA	50	11	14/31	54%
HOPE SERVICES CLINIC $ MATERNITY	NA	NA	21/31	67%
GROUP SESSION III				
HOPITAL AD LUCEM OBOBOGO	75	14	19/31	61%
HGY	500	39	18/31	58%
HOPITAL MILITAIRE	350	40	19/31	61%
HOPITAL EPC DJOUNGOLO	100	25	14/31	45%
CHUY	453	33	13/31	41%
HD CITE VERTE	300	40	15/31	48%
HOPITAL PRIVE MARIE WYSS	50	4	16/31	51%
HGOPY	428	300	14/31	45%
HOPITAL JAMOT	400	50	11/31	35%
CENTRE HOSPITALIER D'ESSOS/CNPS	345	51	22/31	70%
HCY	800	140	15/31	48%

Results of training

Analysis of the data for years 1 and 2 showed that 8886 health providers were trained on stigma elimination across 634 facilities. Of these, 77% scored over 70% which exceeded the target of 70%. Figure 12 shows the considerable improvements in knowledge that were achieved. To ensure longer term impact, the health-care provider stigma trainings were followed by health facility anti-stigma workshops aimed at clinic administrators and designed to embed an anti-stigma culture into the day to day operations of the facilities.

In some cities, the stigma elimination workshops had a significant impact. Facilities developed codes of conduct and service charters to guarantee stigma-free services, and revived abandoned practices such as suggestion boxes and community facility committees. In Blantyre, stigma reduction tools and information, education and communication materials are to be shared with the Quality Improvement Department under the Department of Health and National AIDS Council (NAC).

See also
Case Study: Stigma elimination in Lagos health facilities.

BUILDING CAPACITY THROUGH ONLINE MENTORING AND TRAINING, KINGSTON

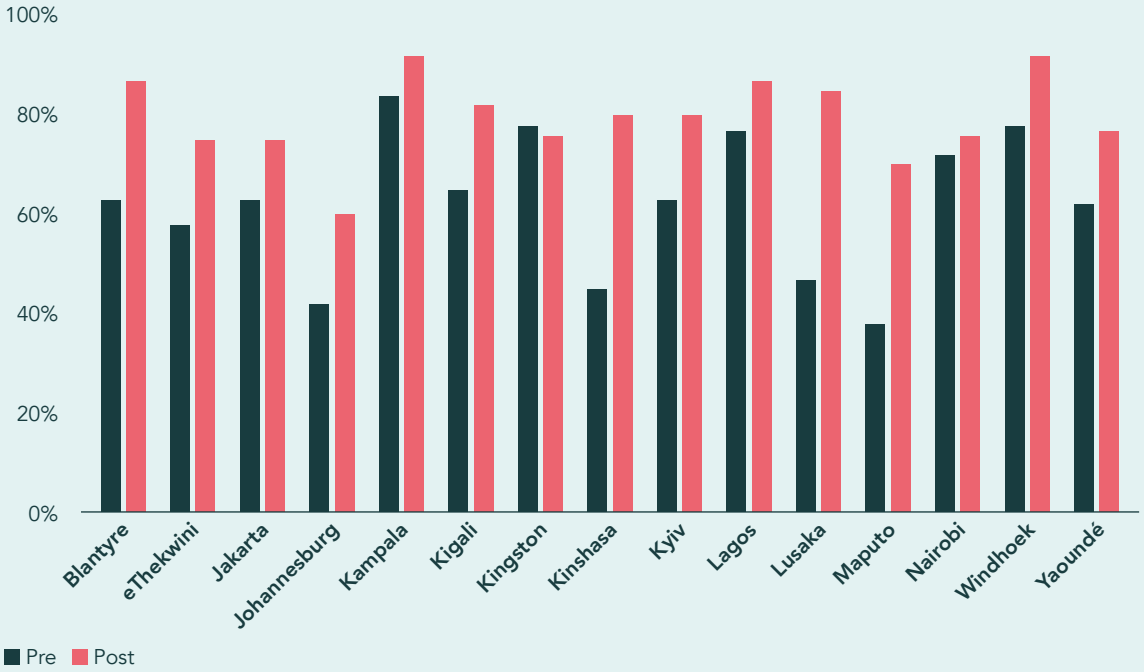
In Kingston, the IAPAC capacity building and other training modules have been delivered through a pre-existing platform, ECHO, which has been in use since 2017. The modules are also accessible on tablets and smart TVs.

Selected modules have been adapted for consistency with the Jamaican HIV treatment guidelines. Two additional modules requested by the Ministry of Health are 'HIV and the Pharmacist' and 'Quality Improvement'.

The ECHO learning platform has now been handed over to the Ministry of Health and Wellness to ensure its sustainability. Health-care workers will be motivated to make use of the training provided through the platform, as it will be linked to the requirement for Continued Medical Education (CME).

See GP1.4.

Figure 12. Stigma training pre and post-learning scores (years 1 and 2)



2.3.1. Strategic information: Online capacity building modules

In addition to the ongoing capacity building on strategic information described above, IAPAC in conjunction with the University of California, San Francisco (UCSF) provided online capacity building modules on using data for HIV care which are available to participating cities. Technical modules in the form of a series of ten short briefing webinars cover topics related to generating and populating FTC dashboards with data for decision-making across the HIV prevention and care continuum. The aim of these was to build capacity on 'data-to-care' for data officers, clinicians and other health providers. An additional hour-long technical briefing webinar provided an in-depth look at generating, reporting and leveraging retention in care and re-engagement data.

By September 2023:

- A total of 78% (1368 out of 1757 health-care providers who completed an assessment) scored at least 70% on post-IAPAC/UCSF training knowledge assessments.
- Up to 80% (520 out of 646 health-care providers who completed an assessment) scored at least 70% on post-data-to-care training knowledge assessments.

The data are cumulative for online, webinar-based and group training sessions.

2.4. ASSESSING QUALITY OF CARE AND THE IMPACT OF COVID-19

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

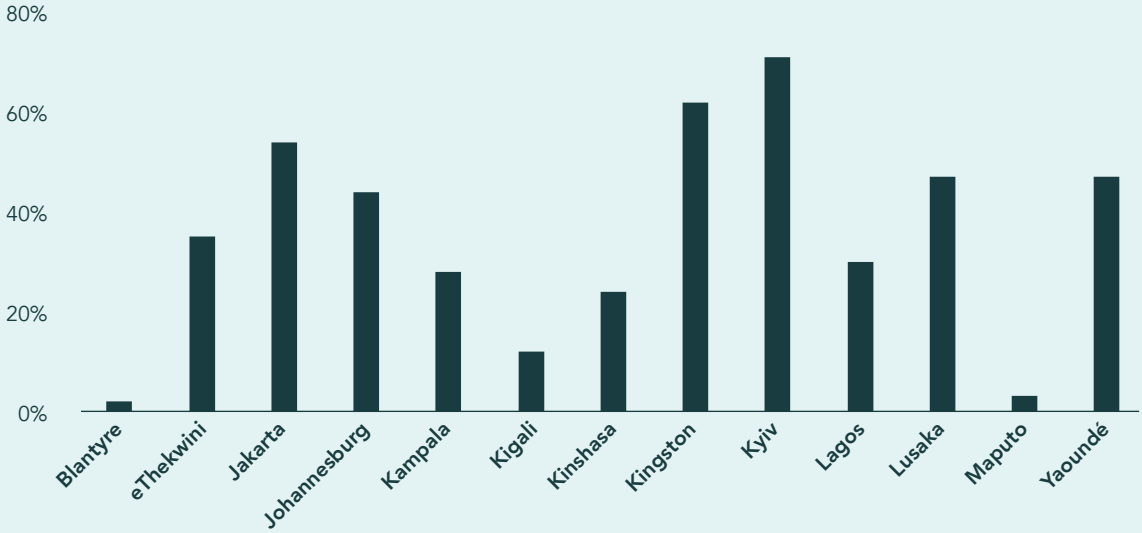
2.4.1. Quality of care survey

The main aim of the survey was to assess perceptions of quality of care among people living with HIV in the 15 cities. The results were disaggregated by age and gender. Perceptions were also correlated with biomedical and clinical factors, such as time since starting treatment, antiretroviral therapy status and viral suppression. The issues identified were intended to be used to understand gaps in quality of care, establish practice goals and develop metrics to monitor improvements in HIV care services.

Since the start of the project, the quality of care surveys have been completed in 13 of the 15 cities. The activity was not implemented in Nairobi and Windhoek, leading to the reallocation of funds towards additional capacity-building initiatives instead. A total of 5761 people living with HIV, including members of key populations, were surveyed.

Quality of care reports were produced and results will be shared with city stakeholders through in-city workshops. The overall analysis of the surveys has provided valuable information on the understanding of people living with HIV and treatment (including U=U); counselling in each city; linkage to care; retention in care; antiretroviral adherence and secondary prevention; interpersonal communication; and socioeconomic factors influencing access to care. Key findings include a poor understanding of undetectable viral load, which has led to the launch of U=U campaigns in multiple cities including eThekwini, Johannesburg and Lagos (Figure 13).

Figure 13. Percentage of participants providing the correct answer to a question about undetectable viral load (i.e. the virus cannot be detected in the blood and cannot be passed on to someone else)



The quality of care surveys produced a set of preliminary recommendations for improving the quality of care at community, municipal and national levels. The survey results emphasized the crucial need to provide the services to ensure that people living with HIV are effectively linked to care, with established mechanisms for retaining them in care. Additionally, it is essential to ensure a comprehensive understanding of these mechanisms, including continuous counselling, while also promoting awareness of U=U messaging.

The quality of care analyses have also been used to evaluate the success of city strategies, for example the results provided an insight into the effectiveness of the eThekwini 'test and treat' strategy and Maputo's U=U counselling. There is anecdotal evidence that in some cities the quality of care results were incorporated into health worker capacity building training, as demonstrated in the Blantyre case study.

QUALITY OF CARE SURVEY AMONG PEOPLE LIVING WITH HIV IN MAPUTO: POOR UNDERSTANDING OF UNDETECTABLE VIRAL LOAD AS A CHALLENGE TO THE U=U MESSAGE, MAPUTO

The survey was conducted with 422 people living with HIV in Maputo. The data were analysed to assess the understanding of the concept of U=U and the extent of counselling on U=U in the city.

The survey showed that only 32% of respondents could correctly identify the definition of viral load and 75% did not understand the concept 'undetectable viral load'.

While 89% had received counselling on HIV transmission and 96% had received counselling on the importance of adherence, only 32% had received counselling on U=U.

See GP 12.2.

See also
Case study: Capacity building for 95–95–95 treatment goals, Blantyre.

Good practices in Annex 1
GP12.1. Evaluation of the test and treat strategy for HIV management in eThekwini.
GP12.3. How do people living with HIV and those living with AIDS feel about the quality of care they received amid the COVID-19 pandemic in Lagos, Nigeria?

2.4.2. COVID-19 Multistakeholder Resiliency Survey

A multistakeholder survey was conducted to assess health system resiliency during the COVID-19 pandemic and to synthesize the lessons learned from COVID-19 disruptions in HIV service access and utilization. It captured the perceptions of HIV care providers, mainly health-care workers, and users of HIV care on the main drivers of service disruption, as well as the strategies that helped to mitigate these disruptions. This will inform the development of a framework for resilient urban HIV responses in response to future crises.

The survey on synthesizing lessons learned from COVID-19 took place with 900 respondents in ten cities in 2021. Most survey respondents were physicians (31%), community health-care workers (29%) and nurses (19%). Respondents reported moderate to severe disruptions across the HIV care continuum due to COVID-19. These disruptions were observed in HIV testing services, linkage to care, antiretroviral therapy initiation, retention on antiretroviral therapy, adherence, and access to viral load testing. Key factors contributing to HIV services disruptions were cancellation or postponement of clinic visits, medical staff and laboratory services diverted to the emergency COVID response and supply chain interruptions. On the demand side, HIV service disruptions were reported as a result of the fear of contracting COVID, lockdowns and economic hardship. Most survey participants reported that COVID-19 vaccines were available in their city.

HIV care providers expressed the need for further planning and improvements in differentiated care delivery, reporting of inventory and stockouts control, and community-delivered health services to enhance health system preparedness for future crises.

HIV PROVIDER PERCEPTIONS OF COVID-19 DISRUPTIONS IN HIV SERVICE ACCESS IN LAGOS STATE

A cross-sectional study was conducted in Lagos State in 2022 among 85 HIV care providers in health facilities to assess perceptions of HIV and related service disruptions during the COVID-19 pandemic.

Providers reported moderate and/or severe disruptions in:

- HIV testing services (reported by 80%).
- Linkage to care after diagnosis (70%).
- Viral load testing (60%).
- New initiation of antiretroviral therapy (58%).
- Retention on antiretroviral therapy (54%).

The top three reported causes of disruptions were: medical staff diverted due to the COVID-19 emergency (88%); staff shortages due to illness or quarantine (83%); and cancellation or postponement of outpatient clinic visits (82%).

HIV care providers reported that further planning and improvements were needed on: (1) differentiated care delivery (78%); (2) reporting of inventory and stockouts control (73%); and (3) community delivered health services (72%).

See GP 11.3.

2.4.3. Best practice repository

An online best practice repository was developed to allow cities to share best practices across the HIV care and prevention continuums. Cities submitted their best practices, which were then reviewed by external reviewers against a validated WHO Best Practices rubric before being published. To date, six cities have published validated best practices, while others are planning to contribute in the future. At the end of this project, the best practice repository will be expanded to the entire network of Fast-Track Cities and the 15 cities will continue to be able to share experiences and learn from other cities through this platform.

2.5. KNOWLEDGE MANAGEMENT AND COMMUNICATIONS

From the start and across all six objectives, the FTC Project has been committed to sharing knowledge and learning as a basis for advancing towards its goals.

Communications channels.
Key communication channels include:

- The UNAIDS Fast-Track Cities interactive map. This hosts city profiles, good practices, feature stories and other information. It also includes project reports, data and videos on the experience of the FTC Project in Jakarta, Kyiv and Nairobi. These serve to raise the profile of the project, motivating cities and leveraging support, as well as sharing experiences from which other cities benefit.
- The IAPAC Fast-Track Cities global portal and dashboards are discussed in Section 2.2.2.

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Events
Learning and experiences are shared between cities and immediate project stakeholders on a regular basis. For example:

- **Project meetings.** These are annual meetings for city leaders and HIV focal persons, project staff, UNAIDS, IAPAC and other stakeholders in which cities share highlights of the previous year, insights into activities that have been most influential in the development of city HIV responses, as well as challenges and lessons learned. The 2020 and 2021 workshops were held virtually due to the COVID-19 pandemic. Positive outcomes from the workshops include cities adopting new strategies, activities and innovations that have demonstrated success in similar communities in other cities. City health and political leaders who have attended the workshops have been motivated to accelerate progress and continue leveraging support and funding for the city HIV response.
- **Webinars.** These are held regularly to update city stakeholders on new developments and issues. For example, a webinar co-hosted with USAID and the Global Fund, updated cities on the sustainability of the HIV response after the end of the project.
- **Fast Track Cities conferences.** These are held annually for all cities participating in the FTC Initiative globally to share their highlights and successes. Cities have presented at all of these conferences, which have been attended by mayors and other high-level officials from the cities. In 2021, 2022 and 2023, six cities (eThekwini, Johannesburg, Kingston, Lagos, Maputo and Nairobi), received Circles of Excellence Awards, which have been welcomed by city leaders.
- **Global and regional conferences.** Multiple abstracts and presentations on experiences have been shared at a range of international conferences. These include: the bi-annual conferences of the International AIDS Society (AIDS and IAS); adherence conference; World Urban Forum; International Francophone Conference on HIV (AFRAVIH); Annual conferences of the Alliance of Mayors and municipal leaders on HIV and AIDS in Africa (AMICAALL), among others.

Publications

Publications on progress and good practices have been regularly disseminated via the UNAIDS website and the IAPAC global FTC portal. For example:

- A mid-term review was completed in 2020 and sought multiple stakeholders' perceptions on the project. It assessed progress against objectives and made recommendations for improvements.
- A good practice review of Fast-Track Cities in 2019 covered global good practice and included several cities. A review of good practices in the 15 cities was published in 2022.
- The FTC global portal has a dedicated section for best practices from all FTC Initiative cities. To date, nine best practices from cities have been made available.
- A Briefing Pack, including general information on the project and a set of Q&A, was published on the UNAIDS website to help orient new staff and interested people on the project.

Cities have also documented learning and used these publications for advocacy and resource mobilization. For example:

- Jakarta produced a policy brief on its investment case findings, which was shared with country stakeholders.
- Nairobi County has produced a booklet— 'Stories of Change'—documenting experiences and beneficiary responses to fast-tracking the HIV response.
- Windhoek developed policy guidance on male engagement in the HIV response, and provided updates on progress in City of Windhoek newsletters.
- Cities have produced fact sheets and epidemic profiles which are shared with stakeholders, as discussed above.

Learning has also been formally documented in journal articles. For example, the Journal of the International Association of Providers of AIDS Care (JIAPAC) has produced a special issue on the FTC Project.

Several stakeholders from the 15 cities, including representatives from Blantyre, eThekwini, Kingston, Kyiv, Lagos, Nairobi and Yaoundé, served as commissioners for the IAPAC-Lancet HIV Commission Report on the Future of Urban HIV Responses. Additionally, lessons learned, insights and good practices from the 15 city projects have been synthesized and have informed the development of an Urban HIV Guidance document, to be published before the end of 2024 and used in the future to guide the development and implementation of strategic and sustainable urban HIV responses.

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3.
CASE STUDIES

3.1. SUPPORTING LEADERSHIP, GOVERNANCE AND PLANNING

3.1.1. Building collective action on HIV in Johannesburg

Background
The Johannesburg AIDS Council (JAC) was established in 2001 to coordinate the work of diverse partners in the city's HIV response, including government sectors, civil society, donors and the private sector. It ran city-wide awareness campaigns and managed a mayoral AIDS Fund that disbursed resources to community projects. Over the next decade, as HIV became more medicalized, JAC lost its momentum and, under new political leadership, ceased to function altogether.

Rebirth of the JAC
The FTC Project contributed to the advocacy for reviving the body, and in October 2018, the JAC was established by a resolution of the City of Johannesburg. It is headed by the mayor and composed of members of the mayoral committee and representatives of government departments and civil society groupings, as well as other key partners. The secretariat was placed in the city Department of Health. This multisectoral body is aligned with the provincial and national AIDS councils, and its city strategic HIV plan is guided by the country's national strategic framework.

Ups and downs
The FTC Project was committed to supporting this essential coordinating body and immediately funded a consultant to provide technical assistance for the new terms of reference for the JAC.

In 2019, the project supported the establishment of the Civil Society Forum to coordinate the work of civil society structures in monitoring and implementing the city's HIV plan. The Forum includes a wide range of civil society sectors such as people living with HIV, men; youth; women; LGBTI; disabled people; sex workers; traditional healers; traditional leaders; faith-based organizations; labour organizations and research organizations.

At the end of 2019, the JAC process received a setback when Mayor Mashaba resigned, and a new mayor came on board. Between 2019 and 2023, there were a further seven mayors and the impact of this was that the work of establishing the JAC proceeded very slowly.

Despite these changes in political leadership, the JAC secretariat has continued to function, and multisectoral coordination takes place in the form of regular meetings. The FTC Project has supported the further development of seven civil society sectors, the election of representatives and the development of their constitutions.

Outcome
By the end of 2023, the reconfigured JAC still had not formally met. Despite this, the HIV response is firmly on the city agenda, and civil society sectors are well-established and driving the HIV response.

3.1.2. City ownership and support in Kingston

From a memorandum of understanding (MOU) to Kingston in Red

Background
Strategic information shows that Kingston has the highest rate of new HIV infections and the highest number of AIDS-related deaths in Jamaica. It also shows that HIV-related stigma and discrimination is one of the greatest barriers to HIV prevention and treatment efforts.

Memorandum of Understanding
In 2020, the Government of Jamaica and the Kingston municipality (Kingston and St Andrews Corporation, KSMAC) signed an MOU with UNAIDS, and Fast Track Kingston was launched. This was a historic moment in Jamaica as it marked the first time that a Ministry of Health and local government formally collaborated at the political level around issues affecting the population.

> *"Understanding is critical to planning and planning is critical to desired outcomes… Building the infrastructure of a resilient and healthy city requires understanding."*
>
> *Mayor Delroy Williams at the launch of Fast Track Kingston*

Stigma-Free Spaces
Mayor Williams also gave full support to a programme led by the Jamaican Network of Seropositives (JN+) to create stigma-free spaces in the city. The Stigma-Free Spaces project covers workplaces, educational establishments, government offices, places of worship and entertainment and leisure venues. Organizations that are committed to being stigma-free receive targeted sensitization training from JN+. Each organization produces a staff charter, encouraging non-stigmatizing behaviour towards clients and fellow workers. Where possible, organizations are assessed by a 'mystery shopper' who reports on their findings, and successful spaces receive certification as stigma-free.

The KSMAC agreed to pilot the programme and the campaign was officially launched in December 2021. On this occasion, the mayor accepted a plaque that certified the municipality to be Kingston's first stigma-free space.

The Private Sector Organisation of Jamaica (PSOJ) was the next entity to be certified as stigma-free. Participants who had undergone the training said that they had been positively influenced and challenged by the information that was presented to them and they were excited to apply the information garnered.

The Stigma-Free Spaces initiative has sparked the interest of non-traditional partners to participate in the HIV response, The leadership of the PSOJ, for example, is leveraging more involvement of the private sector in protecting and promoting human rights.

Based on the experiences and lessons learnt, JN+ was invited to present the initiative at the UN-Habitat World Urban Forum in Katowice, Poland, in July 2022.

Kingston in Red

In November 2021, the Kingston municipality unanimously passed a resolution declaring World AIDS Day a commemorative day of public interest. They committed to a range of activities to promote awareness and to end stigma, discrimination and HIV-related violence on 1 December every year.

In 2022, the FTC Project supported a city-wide World AIDS Day campaign, Kingston in Red, involving billboards, social media, print and radio materials. The mayor led promotional activities and events that included engagements and dialogues with political figures, influencers and community members. KSAMC Junior Councillors from over 20 schools were also sensitized about HIV and the work of the KSAMC and its partners to end HIV-related stigma and discrimination.

The tradition continued in 2023, when activities included engaging parliamentarians and encouraging them to share messages around ending stigma and discrimination towards people living with HIV. Among those who participated were Speaker of the House and wife of the Prime Minister.

Outcome

The FTC Project was successful in raising awareness within the municipality and engaging residents in supporting World AIDS Day.

Due to the commitment of the mayor and municipality, HIV has remained high on the city agenda. The ongoing work to create stigma-free spaces will be supported by JNP+, which has included it in its their Global Fund proposal.

Kingston received a Circle of Excellence award at the 2022 Seville Fast-Track Cities conference for its progress on HIV

3.1.3. Planning, coordination and partnerships in Blantyre

Background

Although the Mayor of Blantyre signed the Paris Declaration in 2015, the role of the municipality in leading the HIV response was not widely recognized. A mapping exercise in 2019 found that there were 247 HIV service providers, all working in the city in an uncoordinated fashion. The FTC Project supported the Blantyre City Council to take the lead in coordination and planning the city HIV response.

Summary

The Blantyre City AIDS Committee (CAC) was established to coordinate the HIV response of the city. Chaired by the Director of Health and Social Services, it comprises all major partners including relevant municipal and government departments, international NGOs and donors, the private sector, UN entities, civil society organizations and representatives of key and vulnerable populations.

Technical support is provided by Technical Working Groups (TWGs) and subcommittees. The TWGs include HIV Prevention; HIV Treatment and Care; Gender; Human Rights and Youth; and Monitoring, Evaluation and Research. The terms of reference of each TWG are provided by the National AIDS Commission (NAC) but tailored to suit the city's setting and needs. Subcommittees concentrate on key programmatic issues, including condom programming and key populations, and report to specific TWGs. These structures mirror the national response structures coordinated by the NAC.

The TWGs meet on a quarterly basis before the CAC meeting as their updates make the CAC's agenda. The CAC coordinated the development of the city's first costed multisectoral HIV plan, the Blantyre City Council HIV/AIDS Strategic Plan (2023–2027), which was finalized at the end of 2023.

The strategic plan is aligned with Malawi's National Strategic Plan 2023–2027, but responds specifically to the city's unique context and challenges. It outlines priority HIV interventions and service delivery approaches to be used by all stakeholders as the blueprint for the design and implementation of their own HIV programmes. The strategy includes an implementation plan, a monitoring and evaluation framework to monitor progress, assess impacts and inform modifications, and a resource mapping strategy.

Outcome

The Blantyre HIV strategic plan guides implementation by all partners in the city, ensuring coherence and preventing the wasteful duplication of efforts. It has strengthened existing partnerships and developed new ones. The plan is being used to mobilize additional resources for the city's response, and to increase commitment from stakeholders. For example, the city is working with the Malawi Business Coalition on AIDS (MBCA) to promote access to and use of HIV services in both formal and informal workplaces.

3.2. STRENGTHENING STRATEGIC INFORMATION ON HIV

3.2.1. Strategic information drives the HIV response in Jakarta

Since the start of the FTC project, technical support and capacity building has been provided on strategic information for Jakarta staff and civil society organizations.

Summary

The support covers a wide range of activities.

- **Epidemic modelling.** Work got off to a good start in 2018 when an updated version of the Asian Epidemic Model (AEM) was developed for the Jakarta region, and the Provincial Health Office (PHO) was trained to use it. Capacity building was provided on data input and analysis, the production and interpretation of results and policy analysis. This was followed by a workshop with the Indonesia Public Health Association to finalize HIV estimates for five Jakarta municipalities and eight greater Jakarta districts and to produce and investment case analysis.
- **Collecting disaggregated data.** Training workshops were held concurrently on subnational data collection, in which city programme planners were capacitated to improve data management and to disaggregate data by location and population. This data was incorporated into city and regional workshop plans and reports.
- **Investment case.** The investment case developed for Jakarta looked at four different epidemic scenarios that would result from different combinations of investments in the HIV response. The process included the analysis of policy and resource needs for different scenarios, as well as assessing cost-effectiveness. The data were used in a strategic policy brief which was widely shared and was very influential in ensuring continued government commitment for the response.
- **Key population mapping.** In 2022, the Ministry of Health conducted key population mapping for which the data were collected in 200 out of 514 districts in Indonesia, including for five municipalities in Jakarta province. The results from the key population mapping will be used later as the basis for calculating the key population size estimates.
- **Integrated Bio-Behavioural Survey (IBBS).** In 2023, IBBS estimates and mapping were conducted in four municipalities of Jakarta. New data from the IBBS, as well as key population size estimations, will update the AEM/Spectrum for Jakarta. This will be used to evaluate the success of programming, for example in reducing HIV risk behaviour among key populations.
- **Civil society mapping and monitoring.** Civil society organizations received technical support to conduct community-level mapping and monitoring of the HIV response. This enabled the identification of barriers to effective service delivery and gaps in the overall treatment cascade. The results of the mapping and gap analysis were presented at the HIV NGO forums of Jakarta and West Java in December 2022. This information is being used to develop targeted interventions and strategies to improve the HIV response in the selected districts that will contribute to the national achievements. In 2021, Jakarta organized a workshop to increase the capacity of 30 civil society organizations, key population networks, and members of the Public Health Association to use data for advocacy.

- **Ongoing capacity building.** Ongoing capacity building has been provided for provincial health department staff and universities on AEM and for city staff and civil society organizations on data analysis and use.
- **Communication.** A Jakarta fact sheet with epidemic, programmatic data and budget information has been developed and is updated every semester, while data are published annually on the public FTC dashboard. Jakarta has also developed an additional dashboard (Jaktrack) to track the continuum of services for key populations.

Outcome

The improvement in the collection and analysis of strategic information on HIV has strengthened evidence-based planning in Jakarta. The availability of strategic information in accessible forms has been a valuable advocacy tool and has contributed to an increase in domestic funding for the HIV response in Jakarta, which more than doubled between 2020 and 2022. Strategic information is also being used to inform the Jakarta Sustainability Plan, which is being developed to ensure that FTC Project gains are sustained. The treatment cascade data have also been used to improve the continuum of care. The Jakarta activities related to strengthening strategic information, including capacity building, have been replicated in 22 other priority districts in Indonesia.

3.2.2. Generating spatial data and strengthening monitoring and evaluation for HIV in Lusaka

Background
Accurate data and information on the HIV epidemic and the city response is a pre-condition for successful programming. Lusaka's data on the epidemic and the response was incomplete and has been significantly strengthened over the past five years.

Summary
In 2019, Lusaka city established its first ever monitoring and evaluation unit in the Department of Planning, which has the capacity to collect, analyse and report HIV data. The FTC Project trained staff in this new unit on the use of programme, secondary and census data; estimation models; the different sources of health and HIV data; and data analysis.

The Lusaka city Monitoring and Evaluation Unit and the FTC Project innovation team then worked together to develop a solution to generating accurate spatial data for the city. Previously, the reporting of routine 95–95–95 data was limited by a mismatch between Lusaka's political administration structures and the district health information management system. The new strategy involves triangulating and analysing secondary data, such as clinic routine data, survey data and the population census, and disaggregating it by sex, age and location.

This innovative model presents an alternative method for estimating granular subdistrict level data. It has allowed HIV incidence, prevalence, antiretroviral therapy coverage and viral load estimates at ward level. The monitoring and evaluation team can now compile HIV situation reports at the city and ward levels and generate estimates for the 95–95–95 treatment targets for Lusaka city.

Outcome
The city now has the capacity to produce granular strategic information that is used for decision-making, and to track progress in the implementation of the city's Fast-Track Action Plan. The FTC technical committee in Lusaka also uses this information to advise city councillors and advocate with the City Council for HIV financing in the city budget.

3.3. COMMUNITY ENGAGEMENT IN IMPROVING OUTCOMES FOR KEY POPULATIONS AND PRIORITY GROUPS

The case studies in this section cover interventions to strengthen programming and improve the environment and health outcomes for adolescents and young people, children, people living with HIV, key populations, and men and boys. Communities and civil society organizations have played a central role in many of these interventions and community engagement is a cross-cutting theme throughout these case studies.

3.3.1. Community antiretroviral therapy distribution in Kinshasa

Background

Global research has shown that community antiretroviral therapy distribution points can increase adherence and HIV treatment outcomes for people living with HIV who are stable on treatment. An NGO, the Réseau National d'Organisations à Assises Communautaire, in collaboration with the city of Kinshasa, has been running community antiretroviral distribution points (PODIs) since 2010. The FTC Project has provided funding for the management of eight PODIs in Kinshasa.

PODIs

Clients collect medication refills every three months from the PODIs, which are staffed by expert peer volunteers. They are weighed and screened for basic symptoms and referred to treatment and care if they are unwell. They can also access group adherence support through the PODIs. By 2020, eight of the city's 448 antiretroviral therapy sites were PODIs, serving 19 148 patients, of whom 211 were new clients.

During the COVID-19 pandemic, the PODIs have been vital to ensure uninterrupted access to treatment for people living with HIV. Training was carried out for ten health-care providers and 20 community-based peer experts to improve care.

Assessing the PODIs

A recent assessment conducted in Kinshasa, with the support of the FTC Project, showed that more than 95% of patients were satisfied with the services delivered by PODIs. The quality of services was considered satisfactory for assessing and controlling viral load, finding those lost to follow-up and returning them to care, and identifying and referring clients with clinical problems. However, the assessment also showed that improvements are needed. For example, clinical evaluations should be conducted every 12 months and service packages need to be improved. Capacity building could also be provided to enable the PODIs to address the general health and well-being of people living with HIV.

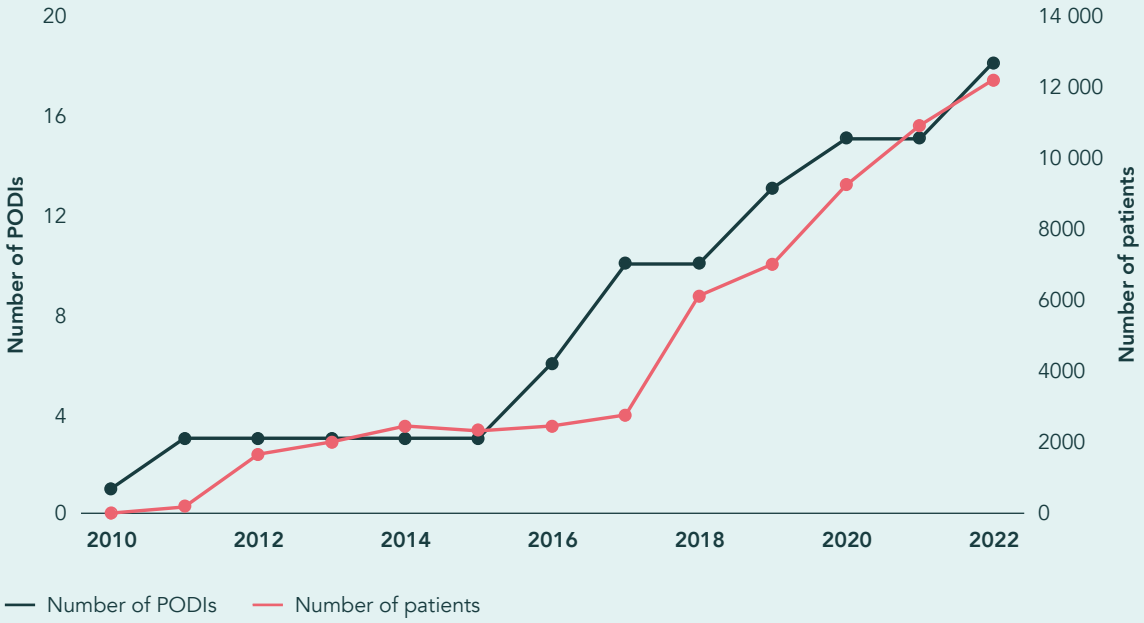
Following the assessment, RNOAC has started to strengthen the capacity of 16 health-care providers and 40 community-based peer experts to improve access to care for stable HIV patients.

Other COVID-19-related interventions include the reactivation of a toll-free number for networks of people living with HIV to ensure continuity of HIV services. The service provides alerts in case of antiretroviral stock-outs and issues in accessing services (including those related to stigma and discrimination), and shared information on COVID-19.

Outcome

Community antiretroviral therapy distribution is a cost-effective and satisfactory strategy to expand access to HIV treatment (Figure 14). The PODI in Kinshasa will continue to operate through funding from The Global Fund and PEPFAR.

Figure 14. Increase in the number of antiretroviral therapy distribution points over time



3.3.2. Scaling up services for young people and key populations in Nairobi

Background

There are an estimated 120 000 people living with HIV in Nairobi County and an estimated 25% of new infections occur among adolescents and young people. At the same time, young people and key populations are reluctant to access HIV services, avoiding clinics for fear of judgement or breaches in confidentiality.

Health-care workers in focus groups said they lacked knowledge about how to help sex workers or LGBTQI people. They also reported lacking skills in communicating with adolescents in an effective way.

Intervention

A multipronged strategy was implemented to create a safer environment for young people and key populations living with, or affected by, HIV to seek the help they need. A wide range of stakeholders were engaged in the intervention, including adolescents, health-care providers, community health volunteers, school teachers and parents. The intervention focused on four high-burden subcounties of Nairobi: Embakasi East, Kamukunji, Langata and Ruraka.

The components of the project included the following:

- A total of 30 health-care providers in the four subcounties were trained in the provision of adolescent and youth-friendly integrated services and key population-friendly services. The focus was on prevention, sexual and reproductive health and rights, and treatment literacy. Around 50 health-care workers were trained on how to avoid stigma and discrimination.
- In terms of community health volunteers, 40 were trained on the provision of youth and key population-friendly services.
- Workshops and retreats were held to bring together health-care providers, young people and key populations so that providers could listen to their experiences and gain a greater understanding of their needs when accessing health care.
- Key population and youth-friendly services were integrated into public and faith-based health facilities. These services were non-judgemental and intentionally reduced barriers to access health services. For example, adolescent, youth and key population desks were established at various facilities to support care services. Fast-tracking of services for adolescents, especially teenage mothers, was established at clinics. Psychosocial support, especially for survivors of sexual and gender-based violence, was enhanced.
- A cohort of youth champions was trained in HIV and sexual and reproductive health. Through a peer education approach, the youth champions reached out to other young people to share information on HIV, distribute condoms, and refer them to youth-friendly services.
- School teachers were trained in sexual and reproductive health and rights for adolescents and youth.
- Dialogues were established between young people and parents on teenage pregnancy, mental health, and use of drugs and other substances.
- Community dialogue and action days reached over 5000 members of key populations.

Success factors

A number of factors have contributed to the success of this intervention:

- **At the clinic level.** Sensitization regarding stigma and discrimination was targeted at all staff, including receptionists and cleaners who may be the first point of contact.
- **At the community level.** Sensitization included parents, teachers and religious leaders. As the project was led by the Nairobi County authorities, many local government departments, including health, education, gender, youth and security, could be engaged.
- **Involvement of youth and key populations.** Focus group discussions at the start of the programme allowed youth and people from key populations to talk freely about barriers they experienced in accessing health care. This informed the design of the programme. Once the friendly services were rolled out, it was crucial that the beneficiaries were centrally involved in implementing services.

Outcomes

The number of youth and key population-friendly health services in Nairobi County increased from 0 in 2018, to 30 by 2023. Key population services were integrated into 28 public facilities across the city to ensure sustainability of services.

The project has resulted in health facilities in the four subcounties becoming much safer spaces for young people and people from key populations to access services in a discreet and dignified way. HIV-related stigma experienced by adolescents, youth and key populations has been noticeably reduced. For instance, the 'HIV' labels on the doors and counters at health-care facilities, which people living with HIV felt were stigmatizing, have been removed.

Health-care workers felt their shift in attitudes had been very important. One health-care worker said:

> *"The most significant change has been in mentality and the awareness that key populations are among the communities that we are serving, and they deserve access to services like everyone else—especially given the added vulnerability of some of them being orphans."*

There is now a greater acceptance of young people's sexuality, and open conversations can be held, both in the community and among health-care workers. Young people are encouraged to visit health facilities, where they are taught about sexual and reproductive health and rights.

In the broader community, young people and people from key populations feel there is more awareness and less stigma around HIV. As a result, more people living with HIV have gained the courage to disclose their HIV status and access treatment.

People from key populations report they are being treated with greater dignity. A participant of a focus group with young people who had accessed services through the programme said:

> *"We are treated like normal human beings."*

3.3.3. The Higher Education Initiative (TXEKA JA), Maputo

Background

Evidence from Maputo showed that young people aged 15–24 years were being left behind in the HIV response. A differentiated approach to HIV prevention was required to meet the expectations and needs of this age group, and reduce the stigma attached to accessing HIV services. Support was requested for a pilot project that targeted young adults in higher education.

Summary

The Higher Education Initiative(HEI), or TXEKA JA, was designed to offer HIV counselling and testing as part of a full package of health services, including screening and treatment for tuberculosis, sexually transmitted infections, hypertension, diabetes, cancer, family planning, condom promotion and male circumcision. Students would also be referred to mobile clinics or campus clinics provided by implementing partners such as PEPFAR.

Under the HEI, peer educators were identified and trained on peer to peer health conversations. The sessions prepared trainees for their roles while also educating them on the importance of caring for their own health. The trainees then mobilized students and peers to create demand for HIV services, and to assist them to access these services. Focal points were also identified among teachers.

The HEI received high level support from the city and university rectors, and was launched in September 2021 by the Minister of Higher Education, Science and Technology and the Minister of Health. Four higher education institutions participated in the initiative. These were Joaquim Chissano University, Pedagogical University, the Eduardo Mondlane University and the Police Academy.

Outcomes

Achievements since 2019 include the following:

- Over 150 peer educators have been trained in the four educational institutions on HIV and health issues. A second round of training to replace graduates has already begun.
- A total of 28 awareness sessions have been held at the four higher education institutions covering topics such as COVID-19, TB, sexuality, malaria, diabetes, mellitus, hypertension and sexually transmitted infections.
- Regular sessions are held on HIV prevention, gender-based violence and stigma and discrimination. These sessions have reached 230 students.
- A full package of HIV and health services is offered via campus clinics and reached over 10 000 students.
- Counselling and testing services have reached 665 people.
- Over 24 000 condoms have been distributed.
- During the COVID-19 epidemic, 1000 litres of COVID-19 prevention supplies were made available (alcohol gel, sodium hypochlorite and soap).

Conclusion

Not only has the HEI pilot reached thousands of students, but it is also expected that the programme will be expanded to the communities around campuses, with trained students reaching out to their non-student peers. These peers will be able to access the services provided by partners. In addition, the initiative will be expanded to other universities and other cities across Mozambique.

The initiative also provides evidence that existing resources, such as partner-provided services and trained staff and students, can be used to reach a new, potentially more inaccessible group of beneficiaries.

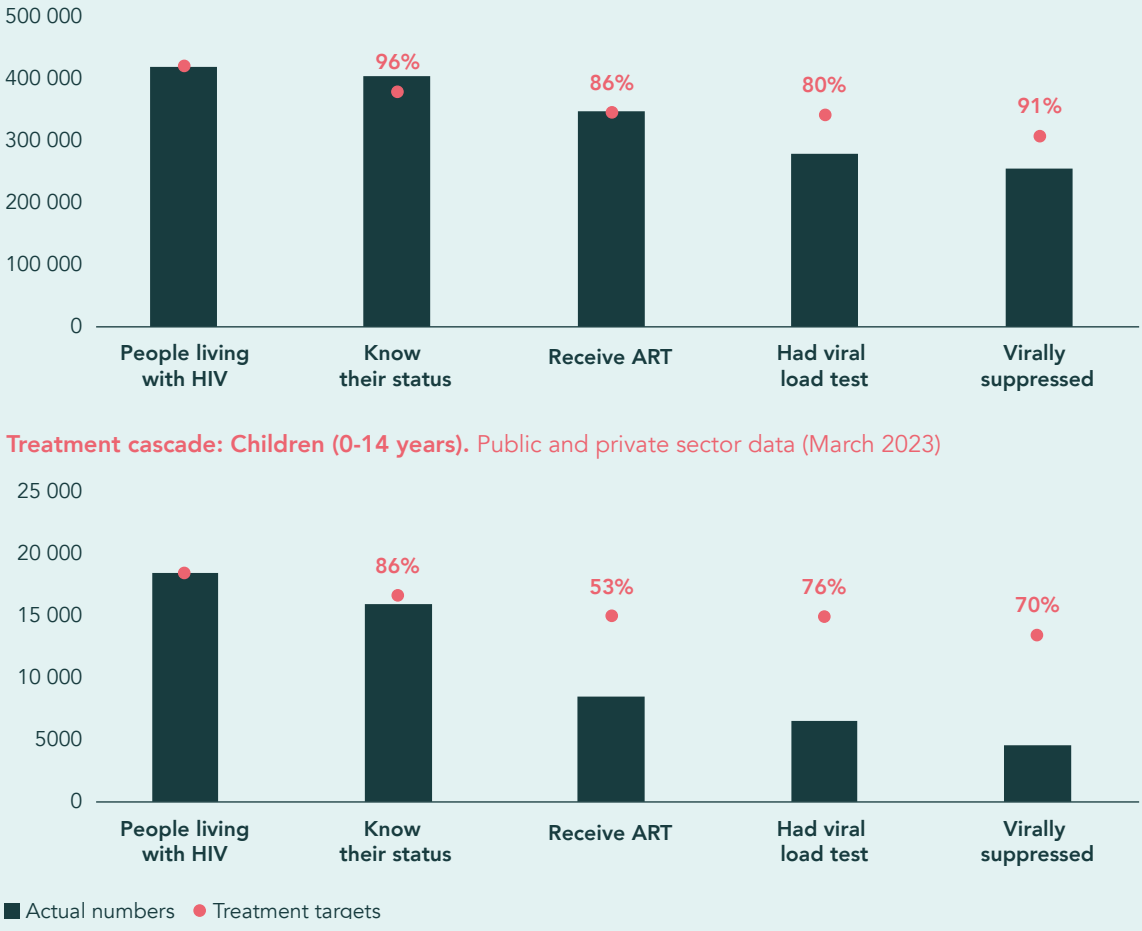
3.3.4. No child left behind, eThekwini

An initiative to find children missing from antiretroviral therapy and to strengthen the Children's Sector in eThekwini has received support from the FTC Project.

Background
By March 2022, there were an estimated 20 000 children under the age of 15 years living with HIV in eThekwini. Of these, 80% had been diagnosed, 59% were on antiretroviral and 62% were virally suppressed. These outcomes were significantly worse than those of their mothers (Figure 15).

In response, the eThekwini Mayor, Mxolisi Kaunda, committed to linking 3000 children living with HIV to care as an FTC Initiative.

Figure 15. Comparing the treatment cascades: 86% of adult females living with HIV on antiretroviral therapy, versus 53% of children (March 2023)



Source: FTC annual meeting, eThekwini presentation, Amsterdam 2023.

Why are children missing?
The first step was to understand the root cause of the problem. The FTC Project supported a women's health activation in Lamontville clinic to gain an in-depth understanding of why children were not on treatment. They identified key challenges on both the demand and supply side of treatment, for example:

- Caregivers were not bringing the children to the clinic for viral load testing.
- Opportunities to educate caregivers and pregnant women were missed.
- Paediatric HIV case management was poor.

Interviews with support groups for people living with HIV found that many caregivers suffered mental health issues. They felt overwhelmed and blamed themselves for infecting their children. They also feared disclosure of HIV status. The study concluded that children living with HIV will be left behind unless caregivers are provided with psychosocial support.

This study supported the need for concerted action on improving outcomes for children living with HIV.

A united front
The eThekwini AIDS Committee (eDAC) had already identified the need for a strong multisectoral Children's Sector Forum as one mechanism to ensure better outcomes for children living with HIV. A Children's Sector leadership election was held, and civil society leaders began collaborating as 'united sectors' toward common goals. These sectors included people living with HIV, Department of Health, Department of Social Development, women, NGOs and the faith sector, and the Children's Sector.

The Children's Sector and people living with HIV sector leaders were included in an important Department of Health workshop on paediatrics. The IAPAC also trained Children's Sector and people living with HIV sector leaders to facilitate a Conversation Map tool, sparking dialogues on children left behind.

Other activities included holding dialogues on important issues (stigma, disclosure), and collaborative workshops that provided platforms for sharing data, strategies and interventions. Databases were developed facilitating communication.

Outcomes
The campaign reached sector organizations and their leaders, adults and children living with HIV, and the children's care-givers. It led to a better understanding of issues for children living with HIV and their caregivers, better collaboration and increased psychosocial support for caregivers and people living with HIV. For example, 13 support groups have been revitalized in high-volume facilities for adults and children living with HIV.

There was strong Department of Health buy-in for this initiative and this has transformed partnerships with civil society, including their participation in the 'Nerve Centre' which monitors progress towards city treatment targets.

The 'united sectors' approach has received much attention and is being adopted in other areas of KwaZulu-Natal province.

Impact
In the first year of this initiative, supply-side issues seem to have improved, which is reflected in improved treatment outcomes for children living with HIV. Diagnosis of children living with HIV has increased from 80% to 86% and viral load suppression has improved from 62% to 70%. On the other hand, children living with HIV on antiretroviral therapy have declined from 59% to 53%, which suggests the need for much more work with caregivers.

The future
The 'missing children' strategy was not a one-off, and collaborative work will continue. There are plans to extend the city's U=U campaign to find missing children. The Children's Sector is also planning to collaborate with community health workers to trace and link missing children living with HIV.

To maintain political momentum, a declaration styled on the Sevilla Declaration, but focused on children, has been developed for the city.

3.3.5. Engaging private health facilities to increase prevention of vertical transmission services in Lagos

Background

In 2021, Lagos State data showed that vertical transmission of HIV stood at 22%. The data confirmed that, while prevention of vertical transmission coverage is low, most pregnant and breastfeeding women were accessing care in formal health-care settings. Private health facilities were providing essential services for HIV prevention, treatment, and care.

On this basis, the FTC Project supported an intervention to better understand the type of services that are provided by health-care settings and to engage private health facilities to increase the coverage of prevention of vertical transmission services.

Preparation

Pre-planning activities involved key stakeholders, including medical directors of hospitals, the Health Facility Monitoring and Accreditation Agency, the Association of General Private Nursing Practitioners, the Association of Private Medical Practitioners of Nigeria, and relevant bodies in the Ministry of Health of Lagos State. This was aimed at ensuring widespread referral linkages, service quality and sustainability.

Stakeholders mapped private health facilities and a hub and spoke model was created for linkage and referral. Over a three-day period, 556 operational facilities were visited; of these, 505 were private.

Mapping was followed by a meeting of all stakeholders directly and indirectly involved in the prevention of vertical transmission. Its objectives were to sensitize high-volume private health facilities on this issue and to build their capacity to provide these services on routine antenatal clinic days. It also aimed to enhance referral and linkage services for HIV-positive pregnant women and exposed infants through mentor mothers' activities.

Fieldwork

Two weeks of fieldwork were then conducted by 40 counsellor testers, 20 mentor mothers, and an HIV testing services supervisor. They were distributed across private health facilities in the 20 local government areas and reported via a standardized prevention of vertical transmission data collection tool.

Visits by 1191 new antenatal care clients were recorded during this period. All 505 private facilities provided antenatal services. However, they did not provide prevention vertical transmission services and would refer to the hub facilities where clients could receive the care they needed.

The key lessons from this initiative were that continuous and optimal involvement of private health facilities would be necessary to improve coverage and/or referrals for the prevention of vertical transmission activities. In addition, a coordinated referral and linkage service for the private antenatal facilities which do not provide this service is necessary.

Outcome

This intervention resulted in improved awareness and sensitization of the relevant stakeholders about improving HIV testing and prevention of vertical transmission coverage through the engagement of high-volume private health facilities.

It also provided early HIV testing services to pregnant and breastfeeding women living with HIV as well as safe and ethical index testing to reach the women's sexual partners and biological children. Finally, it linked pregnant and breastfeeding women living with HIV to optimized antiretroviral treatment regimens that promote viral suppression.

In the long term, this intervention is expected to enhance referral and linkage services for HIV-positive pregnant women and HIV-exposed infants, to support retention of all identified HIV-positive pregnant women, and to move further towards the goal of eliminating vertical transmission of HIV.

3.3.6. The road to ending paediatric HIV in Yaoundé

Background
In Cameroon, progress towards treatment targets for children (under the age of 15 years) living with HIV is slow. Only 45% of children living with HIV are diagnosed. Of those, 87% are on treatment, and of those only 50% have suppressed viral loads. By comparison, the treatment cascade for adults is estimated at 96–92–95.

Faced with this data, the municipalities have committed to supporting national objectives to end paediatric HIV. From the beginning of 2023, the FTC Project supported an initiative to end paediatric HIV in Yaoundé.

Intervention
The entry point for the intervention was a campaign to identify children in Yaoundé without birth certificates, which are essential to access health and social services. Mayors, municipality focal points, traditional leaders, health facilities and civil society organizations and others were all engaged in this initiative.

Household visits provided the opportunity to identify mothers and children living with HIV and refer those not on treatment to points of care. Vulnerable families were also linked to psychosocial support and social protection services.

Outcome
By the end of 2023, 500 households were visited, and 2000 children identified. HIV sensitization and HIV screening were provided during the visits, as well referral to care for positive cases. Four hundred children were tested for HIV, with a 15% positivity rate. All 60 of these children were linked to care for the confirmation and provision of antiretroviral therapy. Seven hundred children were granted birth certificates, which will allow them to benefit from social protection services. A further 1200 are in process.

The intervention has led to the acquisition of accurate epidemiological data for children, which has been disseminated to local authorities for decision-making and planning processes. The initiative has also influenced other cities in the country. For example, Doula has already provided 500 children with birth certificates and has begun implementing FTC activities.

Conclusion
This initiative demonstrated the value of strong multisectoral partnerships and the decisive role of community actors in the identification of children living with HIV. The issuing of birth certificates is an important entry point for the provision of social services and serve as motivation for the voluntary HIV screening of parents and children.

3.3.7. Supporting key populations in Kampala

Background

An estimated quarter of the 2800 new HIV infections in Kampala in 2023 occurred among key populations and other priority groups. However, the lack of key population-friendly services means that these groupings are less likely to access prevention and treatment. It is estimated that around 16 000 of Kampala's 98 500 people living with HIV are not in care.

The FTC Project has provided ongoing technical support and funding for a multiyear initiative to increase services for key populations and priority groups in the city. In May 2023, the Ugandan Government passed the Anti-Homosexuality Act, which has affected the implementation of these initiatives.

Summary of interventions

- **Mapping service provision.** In 2021, a mapping exercise was conducted to identify and locate key population-friendly health services and other distribution points in the city. The exercise was undertaken with the Lady Mermaid Empowerment Centre (a sex workers' organization) and the Uganda Key Populations Consortium.
- **Mobile app.** The mapping exercise led to the development of a mobile application providing information on key population-friendly services. Members of key and priority populations participated in the development of the app, which was launched by the Kampala Capital City Authority (KCCA) in October 2021. The app also enables users to provide feedback on the services they receive. Ultimately, the aim is to provide access to services free from stigma or discrimination. The app was publicized by city leaders through direct marketing strategies—such as wearing t-shirts with messages about the right of all to HIV-related services.
- **Strengthening PrEP.** Although PrEP services have been available since 2019, they have not been fully utilized. A pilot study entailed delivering PrEP to drop-in centres, outposts and other convenient places in the Nakawu division of Kampala. Ten health workers were trained to work in the outposts. Peers also supported the direct delivery of PrEP refills.

5. Key populations include sex workers, gay men and other men who have sex with men and people who use drugs. Kampala's priority populations include market vendors, boda boda drivers, uniformed services (police, army and private security guards), food vendors/taxis and young girls working in massage parlors, hair salons and as bar maids.

Outcome
The mobile app has the potential to improve services and also provide data to strengthen the city's strategic plan and health services.

The PrEP pilot was successful reaching 308 clients in its two-month duration. This approach also allows for the delivery of HIV self-test kits, HIV testing and dispensing of condoms and lubricants.

Conclusion
The FTC Project has identified gaps and challenges in service provision for key populations in Kampala and has supported city stakeholders in finding solutions. City leaders have demonstrated strong commitment to increasing access to appropriate and stigma-free services to key populations. However, the anti-homosexuality legislation passed in 2023 may present a challenge to this service.

3.3.8. Addressing social and structural barriers for key populations and priority groups in Kigali

Background
HIV prevalence among the general population of Kigali had stabilized at 3% among 15–64 year olds by 2019, which is higher than the national average. This is due in part to the substantially higher prevalence in key populations, especially among female sex workers, at 39.6% (down from 55.5% in 2015), and gay men and other men who have sex with men, at 6.5%. Adolescents and young people are also vulnerable, particularly young women (age 20–24 years), where HIV prevalence is three times higher than for men of the same age.

Rwanda has a progressive approach to addressing discrimination against, and exclusion of, the most vulnerable population groups, but structural and social barriers remain, which could delay the achievement of the 95–95–95 targets in Rwanda.

The FTC Project has supported a number of interlinked strategies to address social and legal barriers that prevent key populations and priority groups from accessing HIV services.

Social barriers for people with disabilities
The Umbrella Network of People with Disabilities on HIV and Health promotion (UPHLS) conducted a situational analysis that showed that only 31% of people living with disabilities had comprehensive and accurate knowledge about HIV, 7% tested positive for HIV, and 12.8% revealed that they had had sex for the first time against their will. Results of the study are being used to advocate for improved and equitable access to health services by people living with disabilities, and to influence policy decisions for more inclusion of people with disabilities in both planning and implementation of health services.

Legal barriers
Drug use is criminalized in Rwanda, which presents an obstacle to comprehensive HIV prevention and treatment services for people who use them. As a first step to addressing this, a coalition of civil society organizations conducted research to understand the size of this population and their risk of acquiring HIV and hepatitis C. Results from the exercise will be used to advocate for an enabling legal environment, for provision of harm reduction services and the development of a relevant minimum package of services for people who inject drugs.

Transit centres are used for temporary accommodation of homeless people and those exhibiting 'deviant behaviour' before being placed in rehabilitation services. The civil society coalition received approval from the National Ethics Committee to conduct an ongoing assessment of access to, and use of, HIV prevention and treatment services by people in transit centres, particularly key populations and people living with HIV. Results from the assessment will be used to inform health programmes targeting key populations in closed settings and advocacy to revise the legislation on deviant/delinquent behaviour and transit centres.

Addressing stigma

The Stigma Index Survey 2.0 (2020) showed that stigma reported by people living with HIV in Rwanda remains high among 13% of the general population, and nearly 20% of young people aged 15–24 years. In response, the Rwanda Network of People Living with HIV (RRP+) conducted an advocacy exercise with the Chamber of Parliamentarians on Social Affairs to hold the line ministries accountable on access to stigma free and friendly health services. Five concerned ministries were invited by the parliament in the City of Kigali to agree on actions about the persistent issues related to stigma and delivery and use of health services. A recent report on the assessment conducted by RRP+ on progress for the implementation of recommendations from the stigma index survey indicated that there was need to develop an advocacy and awareness-building plan for the ministries to take action.

Capacity building was also provided to over 800 health workers who successfully completed an online course that gave them the skills to provide friendly services to key populations and young people. Over 300 police officers and other uniformed personnel have been trained on the links between HIV prevention, gender-based violence and human rights. The training helped to raise awareness of the rights of key populations, reduce stigma and discrimination, and promote the provision of friendly services for these populations.

A quality of care survey involving 436 people living with HIV, helped to contextualize gaps and barriers to accessing quality health services.

The city also created a toll-free phone line and a help desk for members of key populations to facilitate their access to legal support and referrals.

Awareness campaigns

Kigali has conducted a number of campaigns to promote HIV prevention and the elimination of stigma and discrimination across the city. These include a social behaviour change campaign in July 2020 focusing on improving access to HIV services among key and vulnerable populations. On 30 September 2021, the city hosted the launch of the national Undetectable Equals Untransmissible (U=U) campaign aiming to increase the uptake of HIV treatment.

Together, these campaigns have reached over 100 000 people in Kigali through social media, print media, television and radio.

Conclusion
While social and legal barriers to prevention and treatment uptake remain, the City of Kigali is committed to addressing them and improving the lives of people living with HIV, key populations and other priority groups.

The stability in the prevalence of HIV in the general population in the last ten years and the reduction of prevalence among key populations is partially attributable to the efforts by different partners, including those of the FTC Project.

3.3.9. Digital innovation to strengthen HIV services in Kinshasa

Introduction
Kinshasa, with around 16 million people, is the third largest metropolitan area in Africa. Yet human resources and funding for health are inadequate to ensure even coverage of HIV services. The FTC Project has provided catalytic funding to two civil society organizations to create digital platforms, which are extending the reach of services for people living with HIV.

Landela
Data from 2017 showed that 40% of mothers living with HIV in the Democratic Republic of the Congo were not enrolled in prevention of vertical transmission services, and this transmission of HIV was high at 28%. This encouraged the FTC Project to support a female-led civil society organization, 'La Main sur le Coeur' (Hand on Heart), to develop a digital platform aimed at improving HIV services for women and children. It was named Landela, which means 'follow up' in Lingala.

The Landela platform enables the digitization of patient files and helps health providers to monitor and manage stocks of antiretroviral medicines, access to HIV services, adherence to treatment and medical prescriptions. The project also supports peer educators who provide community-based support for adolescents living with HIV, including for adherence.

The platform uses a unique identifier with fingerprint and QR code to reduce double counting of women and children living with HIV and improve patient follow-up. Landela is accessible in two versions, a web platform and a mobile application.

In November 2018, Landela was launched as a pilot project in Kalembelembe, the largest paediatric hospital in Kinshasa. It has significantly improved service quality and retention in care among pregnant women and children living with HIV. Both treatment coverage and adherence to treatment increased. As a result of this success, Landela was rolled out in four additional maternity wards and two additional hospitals in Kinshasa as well as in four other cities in the country.

AlertPlus

A 2019 survey in Kinshasa showed high levels of stigma in health services and in the community: one-fifth of people living with HIV avoided health facilities due to stigma, more than a quarter were excluded from family activities, and over 16% felt suicidal as a result of stigma and discrimination. At the same time, HIV services were suboptimal, with frequent antiretroviral stockouts and high user fees. These factors contributed to the low level of viral suppression in the province.

The FTC Project provided catalytic funding for the Congolese network representing people living with (UCOP+) to develop a mobile app that allowed people living with HIV to send an alert whenever they encountered problems in a health-care facility. Problems include unavailability of services and drugs, stigma and discrimination, breaches of confidentiality, etc.

AlertPlus is accessible via an Android phone, with an IOS version under development. The alerts are received via a server for processing and answering. A toll-free line has also been established to reach whistleblowers for direct support. Capacity building on the use of AlertPlus was provided for 165 health-care providers in three provinces.

Alert Plus was launched in May 2023 in Kinshasa and two other cities. After four months, alerts had been received from 17 out of 35 health zones in the city. The majority (77%) related to drug stockouts and 20% related to stigma and discrimination.

> *"A gentleman contacted us about his son who had been ill for several months. He had suspicions about HIV and he had tested him, but the son was negative. Not being convinced, he contacted us through AlertPlus. In collaboration with LNAC (National League for Tuberculosis and Leprosy), we brought him to CDT Kabinda, where he was diagnosed with multidrug-resistant TB (MDR-TB) and was put on treatment."*
>
> *AlertPlus operator*

Outcomes

The Landela app has contributed to an increase in paediatric coverage in Kinshasa from 25.6% in 2018 to 44% in 2022.

AlertPlus has contributed to reductions in stock shortages and has provided holistic support for people living with HIV. The app is embedded in the new Democratic Republic of the Congo HIV National Strategic Plan 2023–2027 and will be funded after the pilot has ended.

Conclusion

Mobile apps can reach many people at lower cost and can have a rapid impact on the quality of services. These kinds of digital health interventions are appropriate for, and should be encouraged in low-resource, high burden situations.

3.3.10. Tanya Marlo: A Jakarta chatbot for young people

Background
HIV prevalence in Jakarta is highest among young key populations (age 15–39 years), a group that has little access to accurate HIV information. Research confirmed that the exceptional digital literacy among young people in the city was a golden opportunity to convey information in an approachable and friendly format.

Summary
The FTC Project supported the development of an interactive mobile application in the form of an AI chatbot, Tanya Marlo ('Ask Marlo'). Marlo is an approachable character that provides basic information about HIV through user-friendly content.

The chatbot was designed to provide young people with counselling and advice and refer them to HIV services. Additional features include:

- Articles, infographics, myths, facts, videos and other informative content regarding topics around HIV/AIDS.
- Questions and answers regarding HIV/AIDS in an interactive quiz format.
- Access to a trusted counsellor who can help answer questions regarding HIV/AIDS.
- Lists of clinics that provide HIV testing, as well as relevant information such as location, pricing and opening hours.
- Online bookings for HIV tests at NGO-run clinics.

The Tanya Marlo chatbot is integrated into the LINE chat messaging application, which is widely used in Indonesia. Users looking to chat to Marlo can simply add @tanyamarlo on LINE and begin chatting. Around 80% of its users are young people, many of whom use LINE Today to get news and information and to shop.

Tanya Marlo was launched in December 2018 at a press conference attended by 21 journalists from prominent print and other media. This resulted in a large number of enthusiastic stories in print, online media and social media that have helped raise awareness of the service. Responses from young people were encouraging, describing the chatbot as "so youth-friendly" and a place where "we don't have to be ashamed to ask anything related to HIV".

> *"When I found Tanya Marlo I felt like I have a safe place where I can share anything. It feels like I have a knowledgeable friend."*
>
> *Arisdo Gonzalez, Tanya Marlo user*

Tanya Marlo has since evolved into an online campaign with broad presence and significant reach on social media (website, Facebook, X, Instagram and Line). The chatbot has also been expanded to provide mental health services.

Outcome
Within seven months of its launch, Tanya Marlo reached more than 3000 people with news and information, and more than 400 people with counselling. In 2020, a key population-led civil society organization (Yayasan Kasih Suwitno) took over the management of Tanya Marlo. It is now connected to hotline counsellor services in 20 cities across Indonesia and has been used to disseminate PrEP information and also HIV self-testing.

From January to December 2023, Tanya Marlo published 225 social media posts, reaching over 755 000 people and receiving direct messages from 558 individuals. In 2023, Tanya Marlo also expanded their platform to include TikTok in order to reach a younger audience. Currently, Tanya Marlo has 39 100 followers on TikTok. Follow Tanya Marlo on TikTok: https://www.tiktok.com/@tanyamarlo. Watch the 2023 video on Tanya Marlo here.

3.3.11. Civil society organizations, the backbone of the emergency response in Kyiv

Background
Of all cities participating in the FTC Project, Ukraine is leading the way in creative responses to supporting people living with HIV in emergency situations. From the onset of the COVID-19 epidemic in 2020, through the Russian invasion that started in 2022, civil society organizations have been central to its success.

COVID-19 and civil society organizations
One of the key challenges to HIV treatment in Kyiv during the COVID-19 epidemic was the lockdown that suspended municipal transport. This meant that many people living with HIV could not visit their doctors to get their medication.

Kyiv's leading NGO representing people living with HIV, 100%Life, took on the task of ensuring that medication, including PrEP, was posted weekly to people who could not visit a doctor. 100%LIFE also arranged a 20% discount with Ukraine's two biggest postal operators, enabling it to reach more people via the postal service. Individual consultations were maintained online. 100%LIFE provided a basic food supply and food coupons to the 156 people living with HIV for whom it provides palliative care.

Social workers organized transport for people newly diagnosed with HIV, which took them from the testing centre to one-stop clinics where they received follow-up services. These included confirmatory HIV testing, electronic registration, enrolment in HIV care, and prescriptions for treatment. Where necessary, clients received additional legal and social consultations.

During the five months of the 2020 COVID-19 lockdown, the NGO Convictus, was actively engaged in HIV testing, and organizing food supplies for members of key populations who had lost their sources of income. They also supported particularly vulnerable people to access screening for HIV-related disease and to adhere to HIV treatment. Together with the Kyiv Municipal AIDS Centre, Convictus also promoted HIV self-testing and organized the distribution of oral self-tests to those who were not able to visit outreach sites in person.

Another NGO, Teenergizer, conducted regular online meetings and individual consultations to support school students studying at home during lockdown. Monthly broadcasts with

celebrities discussed young people's sexuality, reproductive health, prevention of sexually transmitted infections and HIV. Teenergizer continued to offer personal online consultations on treatment adherence to adolescents living with HIV.

Other city-wide responses included the expansion and relocation of community-run outreach service points in convenient neighbourhoods. Service providers also received public transport passes from the municipality to reach the centres if necessary, and clients of the most remote areas received mobile outreach. At the outreach service points, information about COVID-19 precautions were added to information materials about HIV prevention.

Wartime support and strategies

The number of people living with HIV in Kyiv has expanded dramatically during the war as large numbers of displaced people have taken shelter in the city. They face economic, psychological, and health-care challenges.

Significant additional funding was mobilized by UNAIDS for the HIV response, including $2.5 million from the Dutch Government to provide humanitarian support to people living with HIV and key populations in Ukraine, specifically Kyiv.

100%Life collaborated with the World Food Programme (WFP) and UNAIDS to safeguard food security and provide psychological support for the most marginalized people. Between June and December 2022, WFP distributed 45 466 food packages. Cash vouchers and hygiene commodities were also provided for displaced people living with HIV and their children. 100%Life delivered enhanced psychosocial support to internally displaced people living with HIV to stabilize their emotional condition, bring them back into HIV care, and connect them with the community and government social protection system.

The FTC Project provided emergency funds to replace bomb-damaged IT equipment at the City AIDS Centre and 100%Life offices, and to supply power at the AIDS Centre. The project also supported the city authorities in the timely procurement of drugs and commodities. The city was supported to develop new approaches to ensure continuity of HIV treatment such as telemedicine and multi-month dispensing of antiretrovirals and opioid substitution medication.

Advocacy

The presence of large numbers of undocumented refugees in the city sharpened ongoing discussions around free access to health and HIV services for people without personal identification. The FTC Project team conducted advocacy with the National Health Service(NHS) and the Ministry of Health (MoH) to resolve the issue at the legislative level. Despite these efforts, the MoH and NHS remained reluctant to lower the documentation threshold for people to enter and receive health services. A temporary solution for the wartime crisis takes the form of performance-based reimbursement from the Global Fund's grants.

Outcomes

Not a single person had to interrupt treatment or was lost to follow-up during the city's 2020 COVID-19 lockdown. Civil society organizations were the backbone of the city response during both COVID-19 and during the war. They provided humanitarian support for over 15 000 displaced people living with HIV and psychological support was provided for over 800 internally displaced people. They are now regarded as leading players in the city HIV response.

Differentiated care, such as multimonth dispensing and telemedicine, allowed continuity of treatment and have become the norm in the city. New partnerships have been established between municipal authorities and government, humanitarian missions and projects.

The emergency responses during COVID-19 and war have been analysed and formed the basis for the development of a Risk Mitigation Strategy to maintain the HIV and TB responses. It proposes practical steps for the municipality, health authorities, health-care providers and NGOs to ensure the continuation and sustainability of services. This strategy has wider relevance and will be shared with other cities.

3.3.12. Increasing male engagement in the Windhoek HIV response

Background
Although men account for around 40% of people living with HIV in Namibia, they represent almost half the number of annual deaths from AIDS-related illness. The reason for this is that men are less likely than women to access HIV services and are more likely to start treatment late. They are also more likely to interrupt treatment and be lost to follow-up. These unhealthy behaviours are linked to gender norms that view health-seeking behaviour as a sign of weakness, and high-risk sexual behaviours, which are seen as being intrinsic to masculinity.

Summary
In 2016, the Mayor of Windhoek noticed the lack of men at the annual World AIDS Day commemorations and pledged to increase male engagement in the city HIV response. The FTC Project agreed to support his campaign and it was included in the FTC Project city plan.

The first step was a desk review on male health and obstacles to male engagement in HIV, which was completed in 2018. This was followed by a national male engagement consultative workshop and the development of a policy paper on male engagement in cities. The male engagement policy was launched by the mayor in July 2019 at an event in an informal settlement in the city. It was attended by 350 men who were also offered health and HIV screening.

Between 2019 and 2022, the city hosted a series of male engagement events that aimed to encourage men, 18 years and older, to participate in a dialogue on masculinity, HIV and sexual and reproductive health. Facilitated discussions provided an opportunity for the men to discuss and seek answers for issues and challenges they face. Guidance was offered, including the need for open communication with partners, regular health screenings as well as gender and cultural dynamics and relationships between men and women. Mobile HIV and health services were available along with informational leaflets.

Outcome

During the male engagement campaign, more than 2500 men and young boys were tested for HIV and those positive immediately linked to care, while the defaulters were transported to the local clinics to be re-initiated in treatment after assessment. Details are provided in Table 1.

Table 1. Outcome of seven engagements

No.	Year	Number of men reached	Men who accessed health services
1	2017	250	90
2	2018[a]	1150 (Men, women, youth and children)	44 (men)
3	2019	350	96
4	2020	N/A No session	N/A
5	2021	50	N/A
6	2022	450 (3 sessions)	169
7	2023	291 (4 sessions)	47
Total		**2541**	**446**

[a] 2018 was a combined event and men were not separated from the bigger group.

Important lessons were learned from this campaign, including on persistent stigma, myths and knowledge gaps around HIV.

Conclusion

The integration of male engagement initiatives in the HIV and gender programmes has proved to be successful in improving men's health-seeking behaviours, encouraging male role models to promote human rights based and gender-transformative programming, encouraging open communication on HIV and sexual and reproductive health and rights (SRHR), and entrenching positive masculinities and community leadership.

3.4. BUILDING THE CAPACITY OF HIV PROVIDERS

3.4.1. Capacity building for 95–95–95 treatment goals, Blantyre

Background
In 2019, there were 105 841 people living with HIV in Blantyre. Good progress towards treatment targets had been made and in 2019 the treatment cascade stood at 85–88–92. However, many challenges remained, including identifying people newly infected with HIV. The FTC Project capacity building programme tackled this on many levels.

Summary
The IAPAC capacity building modules on clinical care, complemented by stigma reduction modules, were made available to city health workers throughout the programme. Facility stigma indexes were assessed, and stigma reduction plans were generated. A quality of care survey was conducted with 408 people living with HIV. Information, education, communication materials on codes of conduct and client and health worker rights were also distributed to facilities.

These activities took place in the 12 public health facilities with the highest volume of people on treatment in Blantyre. The trainings targeted doctors, nurses and clinic administrators, and were conducted virtually and face to face.

The sequencing of the capacity building in Blantyre was fortuitous: the quality of care and stigma training/surveys were completed early, and the results fed into the clinical capacity building training. For example, the quality of care survey found that 39% of people living with HIV interviewed did not understand the concept of viral load and only 32% had had counselling on U=U. Other issues identified included poor client/service provider relationships and low uptake of HIV treatment services such as viral load monitoring.

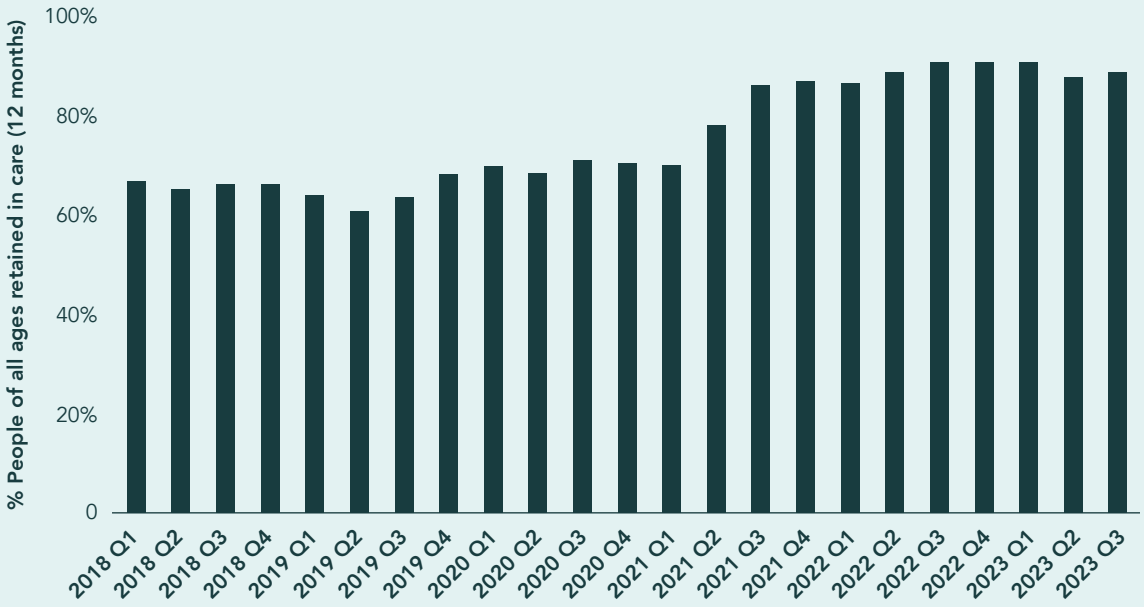
Guided by this information, the project selected four capacity building modules for particular emphasis. These were HIV testing and linkage to care; antiretroviral therapy initiation, adherence and retention in care; improving outcomes for key populations; and enhanced personal contact (including U=U).

During the trainings, service providers acknowledged the high levels of stigma in health facilities, which they agreed needed to be addressed. Each facility developed a stigma reduction workplan, and action plans were drawn up by the district health office to monitor and evaluate efforts to eliminate stigma in city health facilities.

Outcomes and impact
On average, participants gained a 30% increase in knowledge after completing the capacity building courses. The capacity building contributed, among other activities, to great improvements in the treatment cascade over the period. People living with HIV diagnosed and on antiretroviral therapy in Blantyre increased from 88% in 2019 to 98% in 2023. There was also a significant improvement in retention in care as Figures 16 and 17 demonstrate. The rates of people lost to follow-up and deaths also decreased during the programme.

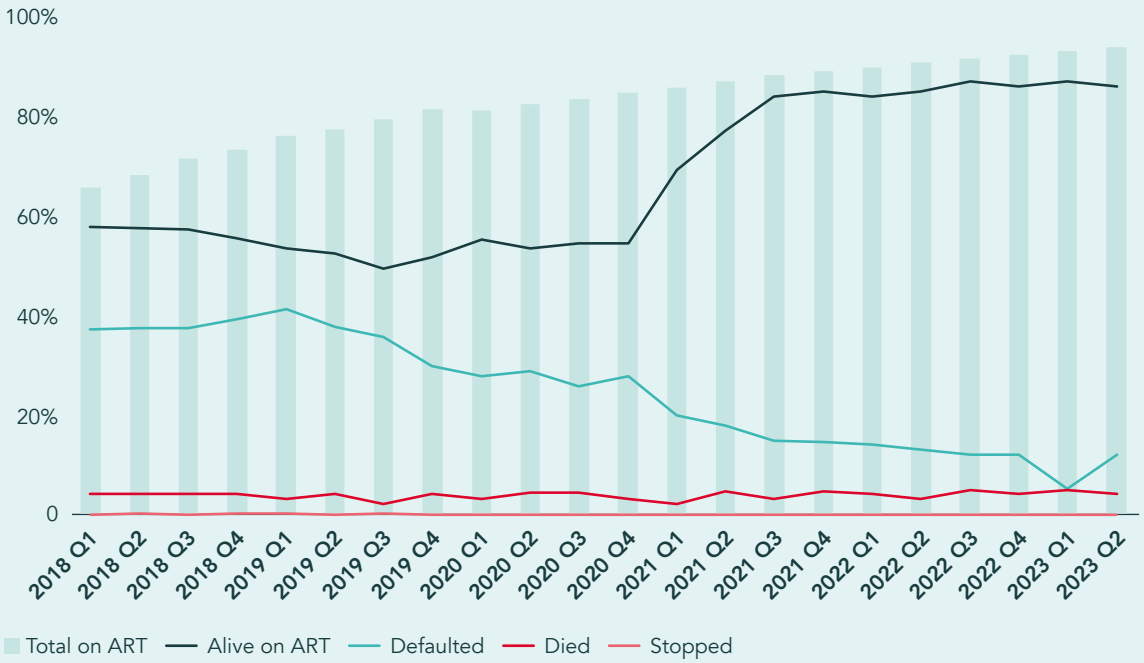
The capacity building programme has been well received by national authorities. Capacity building modules were adopted by the Ministry of Health and made available on the city dashboard where access is free of charge. The Nurses and Midwives Council is planning to integrate the modules into its curriculum.

Figure 16. Improvements in retention in care, Blantyre 2018–2023



Data source: Blantyre City dashboard

Figure 17. Improvements in antiretroviral therapy outcomes, Blantyre 2019–2023



3.4.2. Using the Conversation Map to promote U=U in eThekwini

Background
Increasing awareness around U=U and reducing HIV-related stigma are crucial to ending AIDS as a public health threat by 2030. The Conversation Map is a tool designed to promote discussion among people living with HIV, with the goal of keeping them in care, and achieving U=U. It centres on an interactive poster that describes an individual's journey with HIV, which is part of a game to be played with groups of people living with HIV. It is accompanied by cards providing information at various stops along the journey. A manual is also provided for trainers which describes how the game works and includes material on HIV science and other topics. The Conversation Map encourages a storytelling approach and provides a non-threatening way of dealing with sensitive issues.

Intervention
The standardized Conversation Map and accompanying factual cards were adapted for the particular issues prevalent in eThekwini. An intensive two-day training session was held for 135 civil society sector leaders from the District AIDS Committee, who are living with HIV. The training included basic information on HIV and treatment, the concept and importance of U=U, and the treatment cascade. The training was also cascaded to community leaders, ward councillors, and leaders of support groups, reaching 350 people.

Outcome
A survey of 160 people living with HIV and facilitators after the intensive training found that they felt empowered and motivated to take action in the community. Of these, 91% said they had a better understanding of their situations and were willing to achieve U=U, and 95% felt that they had the tools to manage their health. Over 99% felt that this exercise would be useful in their ward.

Other implementers in the province have expressed the wish to use the Conversation Map and it is expected that it will be rolled out more widely across the country.

Conclusion
The Conversation Map is an important tool in illustrating the journey from diagnosis to U=U and empowering people living with HIV and has been well received by trainers and community members alike.

3.4.3. Stigma elimination in Lagos health facilities

Background
HIV-related stigma leads to supply and demand-side barriers to treatment including suboptimal care, reluctance to access care and poor adherence to treatment among other ills. It is a key obstacle to achieving HIV treatment targets in Lagos State.

Interventions
The IAPAC capacity building curriculum offered two types of stigma elimination training for health providers in Lagos.

(1) Workshops for facility managers. A one-day workshop was held for managers and administrators of 74 health-care facilities in Lagos. Participants were encouraged to talk about the lived experience of stigma in their facilities. A ten-question online Stigma Index scorecard was rolled out at the training. It included questions on staff training on HIV and stigma; labelling of HIV service locations in the facility; essential supplies for safety and infection control; existence of guidance and policies; and community engagement in promoting stigma-free HIV prevention and care services.

An analysis of the results showed that:

- Only 19% of health facilities achieved near stigma-free status.
- Only 45% of facilities reported that more than half their core HIV staff were trained on the delivery of HIV services;
- Only 21% of facilities reported that more than half of their total staff were trained on the delivery of HIV services;
- Only 30% of facilities reported having policies and procedures in place to register and address complaints related to stigma and discrimination;
- Only 34% of facilities reported evidence of community engagement in promoting stigma-free HIV prevention services; and
- 92% reported having access to essential supplies for safety and infection control.

The Stigma Index scorecard automatically generated a set of recommendations to enable each facility to tackle stigma. Participants were supported to develop stigma action plans. These actions were supported by a Stigma Toolkit developed especially for the Lagos training. It described key steps in identifying and responding to stigma and included developing and launching a Code of Conduct.

(2) Capacity building for health-care workers. Health-care providers in Lagos were offered capacity building via three online stigma elimination modules: Human Rights and Health; Integrating Stigma Reduction into Daily Practice, and Resources for Administrators and Managers. In addition to clinical providers, the modules were accessed by all health facility staff, from the doorman to the cleaners. This training was done in three batches with skilled facilitators. The workshop included the stigma training modules, checklists and a code of conduct tailored to the needs of each facility.

The modules were enthusiastically received and were accessed by 889 health providers. Participants were supported to develop and adopt a Code of Conduct.

Conclusion

Stigma elimination training, and the inclusion of a stigma assessment toolkit in routine facility quality improvement, are useful strategies to support self-reflection among facility teams and ultimately eliminate stigma at the facility level.

PART TWO


2

Achievements by city

BLANTYRE, MALAWI

The city at a glance

Living with HIV	Baseline (2019)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (all ages)	105 841	**93 676**
Children (<15) living with HIV	5341	**4037**
Estimated new annual infections	2656	**2055**
HIV prevalence		
Adults (15–49 years)	16.4%	**15.2%**
Adolescents (15–24 years)	4.1%	**4.6%**
Female sex workers	57%	**49.9%**
Gay men and other men who have sex with men	9%	**9.%**
Treatment cascade		
All ages	85–88–92	**93–98–82**

Data sources: UNAIDS Country Office (Malawi) and Blantyre City Council, 2023

Introduction

Blantyre, in southern Malawi, is the second largest city in the country with a population of 800 264 people. It has experienced a generalized HIV epidemic with a higher prevalence among key and vulnerable populations. Key drivers of HIV include poverty, overcrowding and migration. The Malawi penal code prohibits homosexual acts, but it is not rigorously enforced.

In 2023, Blantyre was badly affected by Cyclone Freddy, which displaced 60 797 people. This challenged health and HIV services, including the provision of antiretroviral therapy. A serious cholera epidemic in the same year also affected health services.

Blantyre was one of the five cities to join the FTC Project in the second year, launching in October 2019.

Leadership

Blantyre signed the Paris Declaration in February 2015. Since the launch of the FTC Project, the National AIDS Commission, Blantyre Municipality and District Health Office have all provided strong political support for the HIV response in the city.

> *"Because we have resolved to be a city in search of solutions to our problems, we will have no excuse if we do not stop the spread of HIV. We, as a city, agree to take action and our commitment is to end the epidemic."*
>
> *Cllr Wild Ndipo, Mayor of Blantyre*

© Hans Eiskonen

Planning and coordination

Before the FTC Project, HIV was not seen as the domain of the municipality and there was no comprehensive HIV plan or coordination mechanism to guide the many implementers working in the city. Consequently, the Blantyre City AIDS Committee (CAC) was established to coordinate the HIV response of the city. Chaired by the Director of Health and Social Services, it comprises all major partners, including relevant government departments, international NGOs and donors, the private sector, civil society organizations and representatives of key and vulnerable populations.

Technical support is provided by Technical Working Groups (TWGs) and their support committees, which concentrate on specific issues. The TWGs include: HIV prevention; Treatment Care and Support; Gender, Human Rights and Youth; and Monitoring, Evaluation and Research. The TWGs meet on a quarterly basis before the CAC meeting as their updates form the CAC's agenda.

The CAC coordinated the development of the city's first costed multisectoral HIV plan, the Blantyre City Council HIV/AIDS Strategic Plan (2023–2027), which was finalized at the end of 2023. Key partners, including the Malawi Business Coalition on Health (MBCH) and civil society organizations, will be involved in implementing it and have ensured that their work is aligned to the plan. A monitoring and evaluation plan has also been developed to track progress on implementation of the strategic plan and a sustainability exercise is being developed to ensure sustainability of the response after the project comes to an end.

The case study in Chapter 3 provides more information on leadership, planning and coordination in Blantyre.

Strategic information

A comprehensive mapping exercise in 2019 found there were 247 HIV service providers and implementers in the city. Epidemic modelling was completed and a profile for the city developed. Data are also provided for the FTC dashboard, which focuses on progress towards 95–95–95 targets and the treatment care continuum. Blantyre city estimates are produced on annual basis using the Naomi model, with support from UNAIDS, the Ministry of Health and NAC.

Technical support was provided to institutionalize the District Health Information System (DHIS2) for its use in the city. Capacity was built for city council staff, civil society organizations and other partners in the collection, analysis and use of strategic information. Workshops on data collection, analysis and use have been held for officials for the Blantyre City Council and District Health office. This has enabled the production of disaggregated city data and the generation of simple dashboards and charts that are incorporated into monthly reports.

Building on the strategic information investments, IAPAC worked closely with city health officials to select key indicators and targets, to publish on the public FTC dashboard. Alongside the 95–95–95 targets and indicators consistent across all dashboards, local stakeholders opted to additionally visualize PrEP and secondary prevention data, including on condom distribution, prevention of vertical transmission and voluntary medical male circumcision.

Civil society engagement and partnerships

New partnerships have been formed with civil society organizations representing young people and key populations, which have actively participated in developing the Blantyre City Strategic Plan. They also form part of the technical working groups.

Community-based organizations (CBOs) have been trained on national laws to promote the rights of children, adolescents and women. This improved the capacity of CBOs to use policies and to make appropriate referrals on cases such as child marriages, child labour, as well as sexual abuse, physical abuse and emotional abuse.

Improved environment and services for key populations and priority groups

Several catalytic interventions focused on risk behaviour and HIV prevention among young people. These have resulted in a greater understanding of barriers to HIV prevention on the one hand, and the availability of safe spaces for young people living with HIV on the other (see box on page 34).

Anecdotal evidence suggests that the presence of key populations in the coordination committees has challenged discriminatory attitudes and led to attitudinal changes on the part of city officials. An indication of change is the fact that the country's first ever Gay Pride parade took place in 2021, with a petition presented to the city administration and no arrests made. Stigma reduction training for health workers (see below) has contributed to an improved environment for people living with HIV.

Capacity building courses

Capacity building on HIV for health workers, stigma reduction training and the stigma survey took place in the 12 public facilities in the city that have the highest volume of people on HIV treatment. The trainings targeted doctors, nurses and clinic administrators and were mostly conducted face to face. Table 2 shows a large improvement in knowledge and understanding across all subject areas.

A quality of care survey was completed by 408 participants. Its results showed, amongst other data, that 68% of people living with HIV had a good general knowledge about HIV, but 39% did not understand the concept of U=U and 32% had received no counselling on this. Hence, counselling programmes to educate people living with HIV should be strengthened, with a specific focus on the U=U concept, while diverse channels including health-care providers should be leveraged to ensure comprehensive coverage. The Ministry of Health has institutionalized the U=U campaign to Tizirombo tochepa = Thanzi (T=T) campaign. The country is using digital platforms, including the media, to disseminate the campaign messages.

The results of the quality of care report and facility stigma survey were fed into the clinical capacity building modules and led to noticeable improvements in attitudes and quality of care.

An unanticipated outcome of the clinical capacity building agenda has included the revival of community facility committees, which provide two-way communication between service users and service providers. Suggestion boxes in facilities have also been reinstated.

Table 2. Capacity building activities and results

Training and surveys	Results
Clinical capacity building	Providers trained: 350. Pre-assessment score: 56%. Post-assessment score: 82%.
Stigma reduction training	Providers trained: 264. Pre-assessment score: 63%. Post-assessment score: 87%.
Stigma workshops for facility managers	No. of participants: 13.
Enhanced personal contact	Providers trained: 206. Pre-assessment score: 48%. Post assessment score: 92%.
Health system resiliency	Providers trained: 103. Pre-assessment score: 55%. Post-assessment score: 89%.
IAPAC–ITPC community peer educator training workshop	Peer educators trained as trainers: 15. Pre-assessment score: 54%. Post assessment score: 66%.
Uninterrupted HIV service access and utilization	Providers trained: 101.

The capacity building programme has been well received by national authorities. Capacity building modules were adopted by the Ministry of Health and will be made available on a dashboard where access will be free. The Nurses and Midwives Council is planning to integrate the modules into its curriculum.

The stigma reduction tools and information, education and communication materials will also be shared with the Quality Improvement Department under the Blantyre District office, Ministry of Health and National AIDS Council (NAC).

The FTC Project has made inputs into the country's first HIV quality of care framework, which proposes a comprehensive HIV service package for people living with HIV. The document, which is being developed by the Ministry of Health, will define quality assurance and quality improvement concepts, and propose outcomes for measuring the quality of care.

The case study in Chapter 3 describes the capacity building programme and its impact.

Summary: outcomes and impact

- HIV is firmly on the city agenda and the governance structures of the city HIV response are established and functioning well and include all key partners.
- Civil society organizations are now fully engaged in the planning and implementation of the city HIV response.
- The environment for key populations and priority groups has been improved by catalytic interventions for HIV and young people. The participation of key population representatives in coordination meetings has been a powerful challenge to stigma. The capacity building workshops have also contributed to improvements in the quality of care and health outcomes for people living with HIV.
- Technical support and capacity building on strategic information has strengthened the evidence base for policy and planning. Data have been key in managing and advocating for the HIV response in the city.
- The capacity building modules on COVID-19 improved the resiliency of the entire health system, which contributed to maintaining services during Cyclone Freddy.
- The existence of a national quality of care framework will drive improvements in services for people living with HIV across the country.
- The integration of the capacity building modules into national curriculums and their availability on a virtual site will extend ongoing learning to all health providers nationally. Funding has also been procured to make the data-for-use modules available to all health districts.
- The establishment of coordinating structures and the engagement of civil society in implementation and planning will contribute to ensuring the sustainability of city efforts on HIV.

There have been continuous improvements in treatment indicators, in part due to the FTC Project capacity building programme. Between 2019 and 2022, the percentage of people living with HIV diagnosed has increased from 85% to 98%, and people living with HIV diagnosed and on ART increased from 88% to 98%.

See also
Case study: Capacity building for 95–95–95 treatment goals.
Case study: Planning, coordination and partnerships in Blantyre.

Good practices in Annex 1
GP2.1. Planning, coordination and implementation.
GP4.1. Keeping the Dream Alive for adolescents and young people.
GP4.2. Study on intergenerational relationships hampering HIV prevention efforts in adolescent girls and young women.
GP5.5. Integrating quality improvement in HIV (PrEP) programmes.
GP9.1. Capacity building for health-care workers.
GP4.14. Comfort corner: Bridging the Gap of love and ART Adherence Among Youth Living with HIV in Blantyre City (FACT).

Achievements by city

eTHEKWINI, SOUTH AFRICA

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total (+15 years)	621 000	**612 328**
Children (<15) living with HIV		**11 634**
Estimated new annual infections	20 700 (2017)	**7 969**
HIV prevalence (15+ years)	**22.6%**	**19.3%**
Adults (15–49 years)		**19.5%**
Adolescents (15–24 years)		**5.6%**
Female sex workers	53.5%	**60%**
Gay men and other men who have sex with men	48.2%	**31%**
People who inject drugs		**49%**
Treatment cascade		
All ages	74–89–67	**97–87–94**
Children (<15 years)		**86–56–74**

Data sources: Naomi Estimates; USAID Southern Africa and DHIS data.

Introduction

The eThekwini Metropolitan area (formerly Durban) includes the city and surrounding townships on the east coast of South Africa, in the province of KwaZulu-Natal (KZN). With four million people, it is the third largest metropolitan municipality in the country and includes one third of the province's population. The metro is divided into 111 municipal wards, which are grouped into 17 zones. Poverty levels in the city are very high, with 2.1 million residents living below the poverty line and 17.1% having no income at all.

eThekwini accounts for 33% of all people living with HIV in the province and 8% of all people living with HIV in the country. The city has a severe and generalized HIV epidemic, with very high prevalence among key populations.

Leadership and accountability

eThekwini was one of the original signatories to the Paris Declaration on Fast-Track Cities in 2014, and the mayor and his office, have provided consistent and strong leadership for the city HIV response.

The mayor has taken the lead on several campaigns and initiatives such as the Inanda community-based project and Cato Manor programmes, which were aimed at reducing high rates of HIV infection among adolescents. In January 2023, Mayor Mxolisi Kaunda signed the Sevilla Declaration, promising to support community capacitation and leadership of HIV responses including those for children living with HIV. Later in the year, he launched the U=U campaign in the city and shared city progress at the South African AIDS Conference. He then travelled to Amsterdam to participate in two high-level panels at the FTC Conference, where the city also received a Circle of Excellence award for the progress it has made in the HIV response.

Planning and coordination

Prior to the FTC Project, eThekwini had adopted the UNAIDS 'Three Ones' approach which recommends 'one plan, one coordinating body, one M&E framework' for the HIV response. The FTC Project supported the development and updating of the Multisectoral District Implementation Plan (MDIP 2019–2020), which is aligned with the country and provincial HIV strategic plans. The current plan (MDIP 2023–2028) is under development and will be completed when the national HIV strategic plan is finalized.

At the start of the FTC Project, the city had a multisectoral coordinating body, the eThekwini District AIDS Council (DAC), which fell under the city health department. In 2020, following a functionality assessment of the DAC done by the project, the mayor appointed a District AIDS Coordinator to coordinate the multisectoral response. The DAC was also moved to the office of the mayor, who heads the council. Relevant government departments and civil society sectors participate in the DAC, which meets quarterly. The FTC Project has also provided support to strengthen the multisectorality of the DAC, in particular by strengthening the Civil Society Forum and revitalizing the Children's Sector. Coordination is also being decentralized to ward level, where training and capacity building are ongoing.

The DAC is seen as a model of good practice and has shared lessons and experiences with representatives of provincial AIDS councils in November 2022.

Strategic information

The FTC Project supported the development of epidemic estimates for the city using the Thembisa model, and in 2019 an exercise was conducted to map services in the city.

In 2020, the monitoring and evaluation capacity of the city was assessed, and 30 high-volume facilities were identified for training and mentoring. The staff were trained on the use of routine data from the District Health Information System (DHIS). City profiles have been produced and updated regularly.

The FTC Project supports the weekly eThekwini Department of Health Nerve Centre meetings. They monitor progress towards 95–95–95 goals, identify challenges and develop quarterly implementation plans. These meetings are attended by Department of Health staff, donor partners and civil society representatives.

Data are also provided for the FTC dashboard. Alongside the 95–95–95 targets and indicators consistent across all dashboards, local stakeholders opted to visualize vertical transmission data, data disaggregated by age and TB/HIV co-infection data.

Civil society engagement

Civil society representatives are now recognized as central to the city HIV response and are formally engaged in city planning and bodies such as the DAC and Health Nerve Centre. The Civil Society Forum represents people living with HIV, women, children, youth and LGBTI, which meet, plan and implement coordinated activities at community level. The new Children's Sector includes NGOs, community-based organizations and academic institutions.

Improved environment for priority groups

eThekwini municipality has prioritized support for people living with HIV who lead the community response. Support includes training of Ward AIDS Committees, funding for revitalization of support groups and adherence clubs and training of traditional health practitioners and treatment literacy.

Much of this training is accomplished by skilled leader-trainers who are living with HIV. Thirteen high burden facilities have re-established support groups for people living with HIV. People living with HIV are also receiving improved quality of care through clinical capacity building and stigma reduction.

The case study on page x describes the concerted effort made to find children missing from treatment through a series of interventions aimed at improving the prevention of vertical transmission and supporting pregnant women and children living with HIV. These range from understanding risk to establishing a united approach to tackling paediatric HIV.

Capacity building courses

Online capacity building modules and group training were offered throughout the project. Table 3 shows a large improvement in knowledge and understanding across all subject areas.

Table 3. Capacity building activities and results

Training and surveys	Results
Clinical capacity building	Providers trained: 569. Pre-assessment score: 61%. Post-assessment score: 77%.
Stigma reduction training	Providers trained: 811. Pre-assessment score: 58%. Post-assessment score: 75%.
Enhanced personal contact	Providers trained: 40.
Uninterrupted access to HIV services	Providers trained: 80.
Conversation map	Community peer educators trained: 135.
Scaling up community-led delivered HIV care module	Peer educators trained: 19.
IAPAC-ITPC community peer educator training workshop	Peer educators trained under a train the trainer model to cascade patient education into affected communities: 37 Pre-assessment score: 51%. Post-assessment score: 61%.

A quality of care survey was conducted among 564 people living with HIV, and the data obtained were used to assess the implementation efficiency of South Africa's test-and-treat policy. It found that under 60% of people living with HIV had their first clinical visit on the day of their diagnosis, and just over half were initiated on treatment on the same day. Recommendations included continuing programme focus on specific subpopulations so that interventions can be tailored for improved linkage to care.

The stigma reduction training was highly appreciated, in particular its attention to self-stigma, the importance of which had been poorly understood. It also led to a greater understanding of U=U, and its significance for individual health outcomes.

The peer educator training was impactful and led to the development of a skilled cohort of new trainers who have taken the U=U message into the community.

The case study on page 92 describes the Conversation Map training in which over 350 individuals from support groups, health facilities and the children's sector participated.

Summary: outcomes and impact

- Strengthened planning and coordination have provided sustainable improvements in the governance of the HIV response. The inclusion of communities and civil society organizations, particularly people living with HIV, and their ownership of the HIV response is a lasting legacy of the project.
- Detailed strategic information and strengthened capacity of city staff to collect and use it, has facilitated an evidence-based city approach which matches services to population needs, particularly for priority groups such as key populations, young people and people living with HIV.
- Services and the environment have improved for pregnant women and children living with HIV. The city's commitment to children living with HIV has been formalized in a Sevilla Declaration for Children, which is under development, and the united sectoral approach will ensure the sustainability of this work.
- A number of initiatives have provided a model for strengthening the uptake of prevention and treatment for adolescents and young people.

Table 3 shows a significant decline in new infections during the five years of the FTC Project. In the same period, progress towards treatment targets have improved from 74–89–67 to 97–87–94. Diagnosis of children living with HIV has also increased from 80% to 86% and viral load suppression has improved from 62% to 74%. While the FTC Project is one of many partners supporting the city HIV response, the range of activities and outputs above have contributed to modest but clear progress towards the FTC targets of meeting 95–95–95 targets and ending AIDS as a public health threat by 2030.

See also

Case study: No child left behind, eThekwini.

Case study: Using the Conversation Map for U=U in eThekwini.

Good practices in Annex 1

GP1.1. City ownership and commitment.

GP2.7. Supporting the Children's Sector of the eThekwini District AIDS Council (eDAC).

GP2.9. Ward AIDS Committees: building community ownership through local leadership, coordination and capacitation.

GP5.1. No child left behind.

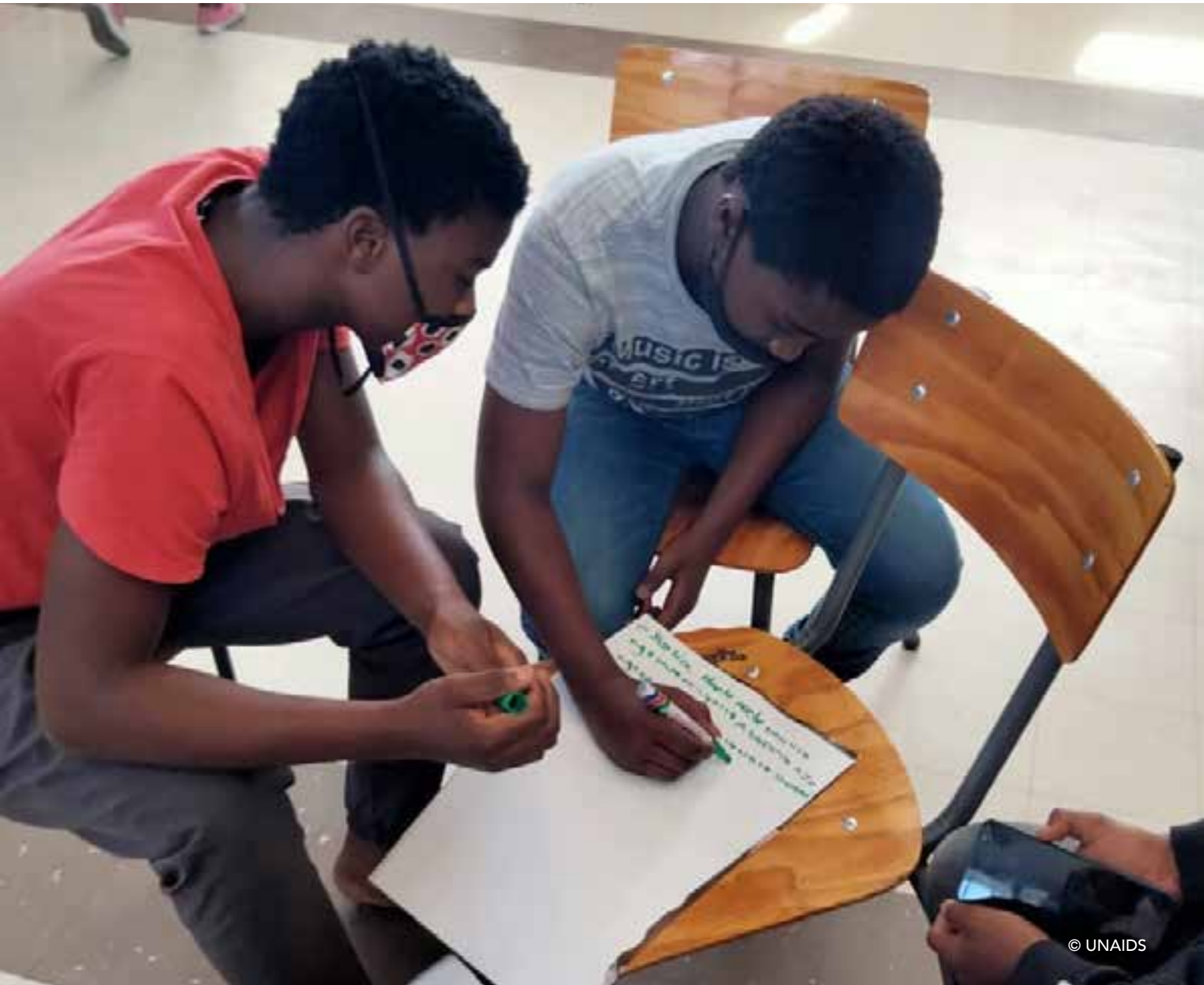
GP4.3. The Inanda Project—community-based interventions to increase uptake of HIV services among AYP, eThekwini.

GP4.4. Youth advocates implement programmes for adolescents and young people.

GP9.2. Impact of Conversation Map training in eThekwini.

GP9.8. People living with HIV lead the way to HIV-related awareness, education and response at the community level.

GP12.1. Evaluation of the test and treat strategy for HIV management in eThekwini.



Achievements by city

JAKARTA, INDONESIA

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total (+15 years)	110 000	**85 927**
Estimated new annual infections	4180	**2089**
HIV prevalence (15+ years)		
Adults (15–49 years)	1%	**0.8%**
Adolescents (15–24 years)		
Female sex workers	7.6%	**1.7%**
Gay men and other men who have sex with men	32%	**23%**
Transgender people	34%	**7%**
People who inject drugs	43.6%	**44%**
Treatment cascade		
All ages	50–35–NA	**84–40–58**

Data sources: UNAIDS Country Office (Indonesia), 2023

Introduction

Jakarta is the capital city of Indonesia and, with 11.25 million people, is the most populous city in the country. With only 4% of Indonesia's population residing in Jakarta, an estimated 85 927 are living with HIV. This represents 16% of the national HIV burden.

Jakarta's HIV epidemic is concentrated in key populations where HIV prevalence is between eight and 40 times higher the general population. There are high levels of stigma around key populations, particularly gay men and other men who have sex with men.

Indonesia's National AIDS Council was disbanded in 2017, which created challenges for the coordination of the HIV response.

Leadership and accountability

Jakarta endorsed the Paris Declaration in December 2015 and in the first six months of the FTC Project, both the Vice-Governor and the head of the Jakarta Provincial Health Office expressed their support for the project. As evidence of this, domestic funding for the HIV response in Jakarta more than doubled between 2020 and 2022. Provincial health leaders have actively participated in the project and have particularly welcomed the knowledge sharing programme as a means to understand innovations and successes in other cities.

> *"We appreciate the learning from other cities Fast Track cities in the world, reminding us that achieving the 95–95–95 target is indeed attainable. Their innovative use of technology serves as a valuable lesson for us to enhance our own response."*
>
> *Dr Dwi Octavia, head of CDC, Provincial Health Office, Jakarta*

Planning and coordination

Jakarta's HIV response is overseen by a multisectoral forum coordinated by the Provincial Health Commission which meets quarterly. It includes stakeholders from the Ministry of Health, the Provincial Health Office (PHO), District Health Offices (DHOs), civil society organizations and development partners.

The FTC Project supported the development of Jakarta's new multisectoral Action Plan (2022–2025) through a lengthy consultative process. The plan is based on comprehensive evidence and has clear targets for ending AIDS, which provides motivation for city authorities. It is accompanied by a monitoring and evaluation component, which is used to track and assess the impact of the interventions throughout the implementation period of the action plan.

Civil society engagement

The FTC Project has provided ongoing support for the Jakarta AIDS NGO Forum, which consists of around 30 civil society organizations. In 2022, they were supported in conducting a mapping and gap analysis of community organizations engaged in HIV in ten Jakarta and Greater Jakarta districts. This led to the formation of a multistakeholder community-led advocacy platform, the Jakarta HIV CSO Alliance. It will focus on enhancing community-led monitoring and strengthening civil society organization partnerships with local authorities through social contracting schemes. Jakarta is also exploring new models of social contracting, which will strengthen community engagement in the HIV response in Jakarta.

Strategic information

Over the five years, the FTC Project has supported Jakarta in collecting and analysing strategic information and data on the HIV epidemic and response, and to use this to support evidence-based planning. This support included HIV modelling and epidemic updates, investment case development, analysis, Integrated Biobehavioural Survey, and capacity building for staff and civil society organizations.

The provincial health office was also supported to develop an IT system for online appointments and a WhatsApp system to ensure service quality during the COVID-19 epidemic.

Data are also provided for the FTC dashboard, which focuses on progress towards 95–95–95 targets and the treatment care continuum. In addition, Jakarta developed its own dashboard, Jaktrack, with the support of USAID and LINKAGES, to monitor the care continuum for people living with HIV.

Support for strategic information for city and civil society organization stakeholders is described in more detail in the case study on page 67.

Improved environment for key populations and priority groups

The FTC Project supported the development and operation of Tanya Marlo, a chatbot providing accurate and appropriate HIV information, counselling and referrals for young people. It has evolved into an online campaign with significant reach on social media, and within the first seven months it reached more than 3000 young people with news and information and more than 400 with counselling. In 2021 a civil society organization took over the management of the project and it is now offering counsellor services in 20 cities across Indonesia (see case study on page 85 and video).

Capacity building courses

Capacity building was ongoing throughout the project. Table 4 shows a significant improvement in knowledge and understanding across all subject areas.

Table 4. Capacity building activities and results

Training and surveys	Results
Clinical capacity building	Providers trained: 500. Pre-assessment score: 64%. Post-assessment score: 73%.
Stigma reduction training	Providers trained: 1266. Pre-assessment score: 63%. Post-assessment score: 75%.
Stigma workshops for facility managers	No. of participants: 14.
IAPAC–ITPC community peer educator training workshop	Providers trained: 15. Pre-assessment score: 54%. Post-assessment score: 63%.
UNAIDS people-centred 2025 targets	Providers trained: 78

A quality of care survey was completed with 410 people living with HIV. It found that there was a fairly low level of knowledge about HIV. Only 58% correctly answered that the definition of viral load was the amount of HIV in the blood, and 49% did not know the meaning of the term undetectable viral load. While almost all respondents had received counselling on modes of HIV transmission and adherence, fewer had received any counselling on U=U.

Summary: outcomes and impact

- The Jakarta Government has committed to continue funding critical initiatives as well as to explore opportunities for new budget models such as social contracting and private sector engagement. This will ensure the sustainability of the city response.
- The capacity enhancement on strategic information is a key outcome for this project. It has also benefited the region more widely, reaching Sumatra, Sulawesi Island and Bali. In the future, Jakarta will share lessons with 13 ASEAN cities to strengthen their treatment cascade.
- Civil society organizations have been significantly strengthened through the FTC Project. They now have the capacity to collect and use strategic information and are working together to advocate for funding and other support needed.
- There has also been some improvement in the environment for key populations, but gains here are tenuous and influenced by the political context. However, the Tanya Marlo chatbot provides a replicable model for reaching young key populations with the information they need and referring them to friendly services.

The FTC Project is one of many partners that have contributed to improvements in Jakarta's HIV treatment cascade, including the ability to track viral load suppression, which was not possible at the beginning of the project. The number of people living with HIV, who know their status, nearly doubled between 2019 and 2023.

See also
Video on Tanya Marlo https://youtu.be/CJNp5QKdCXE?si=D5gBF4LRYP3GtfKR.
Case study: Strategic information drives the HIV response in Jakarta page.
Case study: Tanya Marlo, a digital intervention to reach young people in Jakarta.

Good practices in Annex 1
GP4.12. Tanya Marlo, chatbot to provide information and linkages to services for young people/key populations, 2018–2019.
GP8.1. Strategic information drives the HIV response.
GP8.2. Scaling up viral load testing through customization of the National HIV Cohort platform.
GP11.1. COVID-19 innovations to maintain service quality.

Achievements by city

JOHANNESBURG, SOUTH AFRICA

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	667 000	**623 234**
Children (<15) living with HIV		**9 992**
Estimated new annual infections	26 000	**10 244**
HIV prevalence (15+ years)		**15.4%**
Adults (15–49 years)	16.4%	**15.5%**
Adolescents (15–24 years)		**5.8%**
Female sex workers	72%	**49%**
Gay men and other men who have sex with men	43%	**26%**
People who inject drugs	58%	**-**
Treatment cascade		
All ages	75–70–62	**95–73–95**
Children (<15 years)		**81–53–72**

Data sources: Naomi Estimates; USAID Southern Africa and DHIS data

Introduction

Johannesburg is the economic hub of South Africa and has a population of 6.3 million people. It has historically been a place of high levels of migration from other areas of the country and the region.

The city has a generalized HIV epidemic with exceptionally high HIV prevalence among key populations. HIV prevalence varies across the seven geographical regions of the city according to different levels of socioeconomic challenges, such as proliferating informal settlements, rates of inequality, poor service delivery and environmental decay.

Leadership and accountability

Johannesburg signed the Paris Declaration in March 2016, signalling a commitment to the city HIV response. The nine successive mayors who were in office during the programme all participated in the Fast-Track City conferences and supported its goals. However, it was an ongoing challenge to keep HIV high on the city agenda during these leadership changes.

> *"Not enough attention is given to the fight against HIV and AIDS at a local government level. While it is expected for national governments to take the lead on policy, implementation should be the terrain of municipalities. After all, it is municipalities and cities like Johannesburg that are at the coalface of service delivery."*
>
> *Mayor of Johannesburg (2016–2019), Herman Mashaba*

In 2022, Johannesburg received a Circle of Excellence award during the Fast-Track Cities conference for the progress that the city has made in the HIV response. In July 2023, the current mayor launched the city's U=U campaign along with the UNAIDS country director, other city officials and civil society organizations.

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Planning and coordination

In its early years, the FTC Project had a strong focus on reviving the defunct City of Johannesburg AIDS Council (JAC) which coordinated the work of diverse stakeholders. The FTC Project has also provided support for revitalizing two key sectors in the JAC, the Men's Sector and the Civil Society Forum. However, the constant turnover of city leadership meant that the JAC has not yet become fully functional, and the city response is largely driven by the civil society sector. The Case Study on page 63 describes successes and challenges in strengthening the coordination of the city HIV response. Despite the absence of a fully functional JAC, regular multistakeholder meetings occur.

The FTC Project provided technical support for the development of the first multisectoral HIV strategic plan (MDIP 2020–2021), which is the guiding document for the city's HIV response. This was the first city planning process to include civil society, donors and other partners working in the city, as well as government sectors. It helped to identify areas of duplication between various city partners and has led to increased alignment and coordination of their activities. The MDIP 2023–2028 is still under development as it is awaiting the finalization of the national strategic plan, which guides it.

The FTC Project developed and sustained strong partnerships with ANOVA, an NGO with expertise in men's health, and Networking HIV and AIDS Community of Southern Africa (NACOSA), both of which are Global Fund principal recipients.

Strategic information

Early support to strengthen strategic information included epidemic estimates for the districts, mapping of initiatives for adolescent girls and young women and collation of key population data. A detailed profile of epidemic trends between 2018 and 2020 provided data by population and location. This informed the 2020–2021 MDIP, including target setting, budgeting, training and advocacy. Epidemic profiles also include information on socioeconomic determinants of HIV are packaged in an accessible way and are updated regularly.

The FTC Project also provided technical support to Operation Phutuma, a multipartner initiative, which has been used to assess progress towards achieving HIV targets, including 95–95–95. This included the establishment, and ongoing performance, of the Johannesburg Nerve Centres in all seven subdistricts of the city, in which weekly reviews of treatment data are undertaken and communicated to subdistricts. The initiative also provides continuous quality improvement and capacity building workshops on quality assurance workshops for managers (district, regional, facility and hospital), programme coordinators, support partners and data teams. This has led to the development of improvement plans and significant improvements in service quality at facilities.

Data are also provided for the FTC dashboard, including on progress towards 95–95–95 targets and the treatment care continuum. Local stakeholders opted to additionally visualize programmatic data on prevention including prevention of vertical transmission, PrEP and voluntary medical male circumcision.

The project also supported the Ritshidze, a community-led monitoring programme, which identifies service challenges and shares this information at Nerve Centre meetings.

Improved environment for priority groups

Catalytic support was provided to a multiyear, multipartner, community-led strategy to engage men and boys in HIV prevention, care and treatment, and to reduce gender-based violence. This has reached 63 568 men and boys in greater Johannesburg and contributed to an improvement in HIV diagnosis, linkage to care and viral load suppression. A 2023 video provides more information on this.

Capacity building courses

Capacity building was ongoing throughout the project. The table below shows a large improvement in knowledge and understanding across all subject areas.

Table 5. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 1044. Pre-assessment score: 60%. Post-assessment score: 90%.
Stigma reduction training	Providers trained: 243. Pre-assessment score: 42%. Post-assessment score: 60%.
Enhanced personal contact	Providers trained: 333. Pre-assessment score: 50%. Post-assessment score: 78%.
IAPAC–ITPC community peer educator training workshop	Peer educators trained: 17. Pre-assessment score: 51%. Post-assessment score: 56%.
UNAIDS people-centred 2025 targets	Providers trained: 88.

A quality of care survey was completed with 416 respondents. In terms of HIV knowledge, 53% correctly answered the definition of viral load as being the amount of HIV in the blood, but 65% did not know what an undetectable viral load meant, which is a challenge for actioning the U=U message. The majority of respondents (85%) indicated that they would like to know more about HIV and antiretroviral therapy. Recommendations to address these gaps in knowledge include launching targeted U=U awareness campaigns, with a focus on the age groups exhibiting lower understanding, to empower people living with HIV with knowledge, enhance adherence, and reduce misconceptions.

Capacity building workshops were well received by the city. During training workshops on enhanced person care, it emerged that health-care workers had very little knowledge about U=U, which became a topic of key interest.

Summary: outcomes and impact

- Although the Johannesburg AIDS Council is not fully functioning, there has been progress in the engagement and coordination of a wide range of partners. Now that HIV is a part of the city agenda, work on the JAC is likely to continue after the FTC Project.
- Strategic information is driving planning and implementation, and epidemic profiles are available for advocacy and resource mobilization.
- The civil society sector has been strengthened and civil society organizations are an important part of the city HIV response. This includes the development of strategic plans and engagement in the Nerve Centre.
- Support to the men's sector and its campaign to reach men and boys has improved health outcomes and created safe spaces for men to discuss HIV and other issues.
- The city profiles and the men's engagement work has also been influential in other cities such as eThekweni.

The FTC Project has contributed to an improvement in the treatment cascade from 75–70–62 in 2018 to 95–73–95 in 2023.

See also
Video on the Men's Forum https://youtu.be/ofwwbKoSV9E?si=JxjKWP0Wmb_paPRD.
Case study: Building collective action on HIV in Johannesburg.

Good practices in Annex 1
GP2.2. -Strengthening coordination of the Johannesburg city AIDS response.
GP2.3. Coordination to accelerate progress towards treatment targets.
GP6.1. Engaging men and boys in Johannesburg.
GP9.3. U=U campaign launched, Johannesburg.

Achievements by city

KAMPALA, UGANDA

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections	**298 500**	**95 000 (residents)** **174 300 (Kampala catchment area)**
No. of children (<15) living with HIV		**3500**
Estimated new annual infections	3281	**2800**
Vertical transmission rate	6%	
HIV prevalence		
Adults (15–49 years)	8.5%	**7.4%**
Adolescents (15–24 years)		**2.1%**
Female sex workers		**31.3%**
Gay men and other men who have sex with men		**12.7%**
Treatment cascade		
All ages	75–72–95 (2020)	**93–85–97**
Children (<15 years)		**65–62–NA**

Data sources: Naomi estimates; Modes of Transmission analysis, 2023; Kampala Epidemic Profile, 2021.

Introduction

Kampala is the capital and largest city in Uganda, with a day population (i.e. including day workers) of 4.5 to 5 million people. The Kampala Capital City Authority (KCCA) is the governing body of the city and is headed by the Lord Mayor. The city is divided into five administrative divisions, each with an elected mayor.

Kampala has a generalized HIV epidemic with high prevalence of HIV among key populations. The city's HIV response is well established and has had a multisectoral coordinating structure since 2013. However, an estimated 16 000 Kampalans living with HIV are not in care.

The project has faced a number of challenges, including the COVID-19 epidemic followed by an epidemic of Ebola, which disrupted activities. In May 2023, the Anti-Homosexuality Act was passed, which criminalizes same sex conduct, including potentially the death penalty for those accused of 'aggravated homosexuality'.

Kampala was one of the five cities that joined the FTC Project in 2019.

Leadership and accountability

The KCCA is fully engaged in the HIV response and has appointed an HIV focal point. City authorities, including divisional mayors, have led HIV awareness campaigns and participated in site supervision and community outreach. For example, in 2020, 60 city leaders participated in community outreach in three divisions to hear community concerns and identify priority actions and groups for HIV interventions.

A novel partnership between the KCCA, Fast-Track Cities project and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) has led prevention communication campaigns in the city. (see the Case Study on page x)

Planning and coordination

The Kampala multisectoral City AIDS Committee (CAC) meets quarterly. The FTC Project supported the decentralization of coordination through the reactivation of Division HIV/AIDS Committees (DACs). In 2020, DAC meetings took place in three districts, chaired by the divisional mayors and attended by 450 people. The CAC and the DACs are accountable to the Ministry of Health and also coordinate with the Uganda National AIDS Commission.

In 2020, the FTC Project supported a review of the Kampala City HIV/AIDS Strategic Plan (2017–2021), which was updated and aligned to the national HIV strategic plan. The key population HIV Response Action Plan was also updated. It details activities and institutional arrangements for key populations within the framework of the city plan.

Support was also provided for the next city HIV plan (2020–2021 to 2024–2025), which was developed through a consultative process, including the Ministry of Health, civil society organizations and other partners.

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Strategic information

Strategic information has been strengthened with regard to completeness and accuracy. City staff have been trained on modelling software that allows HIV estimations down to district level. This has been used for planning, proposal writing and to produce city-wide bulletins.

In 2021, KCCA in collaboration with civil society organizations, conducted a mapping exercise to identify and locate key-population-friendly health services and other distribution points in the city. This exercise led to the development of a mobile app which identified health facilities that offered stigma-free services. The data gathered were also fed into the new city plan and used to improve services.

IAPAC worked with city health officials to select key indicators and targets to publish on the FTC Dashboard. Alongside the 95–95–95 targets and indicators consistent across all dashboards, local stakeholders opted to additionally visualize vertical transmission, subpopulation disaggregated data by age and gender, and programmatic data, including on antiretroviral distribution and differentiated service delivery models.

Civil society engagement

The relationship between city officials and civil society is a mature one and dates back decades. As noted above, civil society organizations participate fully in planning processes, and in implementation of city campaigns.

Improved environment and services for key populations

The FTC Project supported a series of activities aimed at identifying key populations and improving services for them. These are described in the case study on page 80. However, the environment for gay men and other men who have sex with men has regressed due to the Anti-Homosexuality Act. This is mitigated by Health Department guidance, which specifies that normal services must be continued. However, the long-term impact is yet to be understood.

Capacity building courses

Online and face to face capacity building were offered throughout the city. Table 6 shows a big improvement in knowledge and understanding across all subject areas.

Table 6. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 1722. Pre-assessment score: 57%. Post-assessment score: 74%.
Stigma reduction training	Providers trained: 243. Pre-assessment score: 42%. Post-assessment score: 60%.
Incentivized care	Providers trained: 17.
Uninterrupted access to HIV services	Providers trained: 65.
Conversation Map	Peer educators trained: 89.
IAPAC-ITPC community peer educator training workshop	Peer educators: 13. Pre-assessment score: 54%. Post-assessment score: 66%.

A quality of care survey was completed by 436 people living with HIV in Kampala. It found that 66% did know the meaning of the term undetectable viral load. When asked about their health-care facilities, 11% of respondents reported having felt unwelcome at the health facility. In terms of economic access, 6% reported paying user fees and for 36% transport costs affected their attendance at healthcare facilities.

Summary: outcomes and impact

- Kampala city leaders are sensitized and fully engaged in the HIV response and the coordination institutions have been strengthened. There are plans to integrate HIV into other streams of work of the KCCA, e.g. the gender unit.
- Strategic information has been strengthened and improved data have guided the development of the next city strategic plan.
- Some workstreams initiated under the FTC Project will continue with other funding that has already been procured from the US Centers for Disease Control and Prevention (CDC).

See also
Case study: Supporting key populations in Kampala, px.

Good practices in Annex 2
GP1.7. Leadership and commitment.
GP7.2. Supporting key populations in Kampala.

Achievements by city

KIGALI, RWANDA

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	58 000	**55 288**
Children (<15) living with HIV		**1266**
Estimated new annual infections	7537	**780**
HIV prevalence (15+ years)		
Adults (15–49 years)	6.3%	**4.5%**
Female sex workers	55%	**35.5 (2021)**
Gay men and other men who have sex with men	4%	**6.5 (2021)**
Treatment cascade		
All ages	91–94–89	**94–93–91 (2023)**

Data sources: Naomi estimates, 2023.

Introduction

Kigali, the capital city of Rwanda, is one of five provinces of the country. It has a population of 1.75 million people, over half of whom are under the age of 19 years. It is divided into three districts, each with its own mayor and administrative structure.

Kigali has a generalized HIV epidemic and is the epicentre of the HIV epidemic in the country. Young women (aged 15–24) are almost twice as likely to be living with HIV than young men of the same age.

Leadership and accountability

Kigali signed the Paris Declaration in December 2015 and since then city leaders have been actively engaged in the HIV response in the city. For example, in 2018, the Rwanda First Lady led a campaign, Free to Shine, aimed at eliminating vertical transmission of HIV. The mayor of Kigali and the mayors of the three districts all endorsed the new city strategic HIV plan, and in 2018, the vice mayor of the city presided over an event to disseminate the plan.

Planning and coordination

The FTC Project supported the development of the City of Kigali HIV Strategic Plan (2018–2023), which coordinates all partners and guides the HIV response in the city. The project also participated in a mid-term review of the National Strategic Plan on HIV/AIDS (2018–2023), which was concluded in 2023. Recommendations from this will inform the new City of Kigali Strategic Plan on HIV/AIDS.

The Rwanda HIV response is coordinated by the Rwanda Biomedical Centre (RBC). Coordination of the city response has not been formalized, but quarterly coordination meetings are held with health structures in the districts. Kigali has also been involved in organizing national technical working groups on HIV/AIDS.

The City of Kigali is currently developing a coordination framework for the HIV response for the three districts within the city. The framework will support the city to coordinate the efforts by districts, and their respective partners, including planning, implementation and monitoring of the city's response, as well as integration of the city's response in the respective districts' plans.

Strategic information

'Know your Epidemic' and 'Know your Response' and modes of transmission studies have been conducted in the city and an epidemic profile has been produced. However, the city still faces systemic challenges related to the generation and management of more granular strategic information at the subnational level.

A series of assessments have provided valuable strategic information for planning and implementation. These include:

- An assessment on the failure of family planning among women with HIV.
- A rapid assessment of the impact of COVID-19 on the delivery of HIV services for key populations.
- An assessment of HIV and sexual and reproductive health: knowledge, attitudes and practice for people with disabilities.
- An assessment of the impact of legislation regarding the detention of female sex workers and gay men and other men who have sex with men, with regard to access to HIV services of these groups in Kigali.
- An assessment on population size and HIV/hepatitis risk of people who inject drugs.
- A study on HIV and ageing which provided useful information. For example, it showed that the proportion of people living with HIV aged 60 years and older increased from 13% in 2010 to 25% in 2019.

IAPAC worked with city health officials to select key indicators and targets, to publish on the Fast-Track Cities Dashboard. Alongside the 95–95–95 targets and indicators consistent across all dashboards, local stakeholders opted to additionally visualize subpopulation data disaggregated by age, gender and key population; care continuum data by geography (district); as well as prevention of vertical transmission of HIV and sexually transmitted infections data.

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Civil society engagement

There has been a growing partnership between the Rwanda Biomedical Centre and civil society organizations through the established umbrella networks for different communities. These include the network for people living with HIV (RRP+), the Rwanda NGO Forum on HIV/AIDS and Health Promotion, the Umbrella of People Living with Disability on HIV/AIDS and Health Promotion (UPHLS), and the Umbrella of Journalists on HIV and Health

Promotion (ABASIRWA). They have been centrally involved in campaigns and interventions to improve the environment and services for key populations and people living with HIV.

Improvement environment and services for priority groups

Progress has been made on establishing rights based and friendly services for young people with support from key stakeholders and civil society organization networks. Kigali has also made a consistent effort to address social and structural barriers to universal access to HIV services. The case study on page 81 describes these interventions.

Health workers have also been trained on the provision of disability-friendly services and non-discriminatory services for HIV, sexual and reproductive health and gender-based violence.

Other catalytic interventions that have improved the environment and services for priority groups include:

- Support for a peer-led programme providing a package of differentiated services for children, adolescents and young people living with HIV.
- City wide campaigns led by RRP+ and others to raise awareness of U=U and to increase uptake of services by young people.
- Advocacy with the Chamber of Parliamentarians on Social Affairs to hold line ministries accountable for availability of stigma-free services.
- Engagement with law enforcement bodies, including the training of 300 police officers on stigma and services for key populations.
- Home delivery of antiretroviral therapy and self-testing during the COVID-19 epidemic.

The case study on page 81 provides more information on strategies to address barriers to services for key populations and priority groups.

Capacity building courses

Capacity building has been provided for health-care workers and civil society groups throughout the programme. The table below shows a large improvement in knowledge and understanding across all subject areas.

Table 7. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 1722. Pre-assessment score: 57. Post-assessment score: 74.
Stigma reduction training	Providers trained: 833. Pre-assessment score: 84%. Post-assessment score: 92%.
Incentivized care	Providers trained: 17.
Uninterrupted access to treatment	Providers trained: 65.
Conversation map	Peer educators trained: 89.
IAPAC–ITPC community peer educator training workshop	Peer educators trained: 13. Pre-assessment score: 54%. Post-assessment score: 66%.

The quality of care survey was completed by 421 people living with HIV from 21 health facilities across the city. It found low levels of knowledge of viral load and U=U. For example, only 43% understood the meaning of viral load and only 19% knew the meaning of undetectable viral load. Only 29% had received U=U counselling in the past 12 months. When asked about their health-care facilities, 15% of respondents reported having felt unwelcome at the health facility and 12% reported having to pay user fees. In order to improve HIV knowledge, recommendations include developing age-specific campaigns to improve viral load literacy, and developing counselling initiatives targeting females and addressing specific concerns related to U=U.

The capacity building modules have been integrated into the Ministry of Health's nationwide e-learning platform, which is accessible to all health workers in Kigali. The training modules now form an integral part of continuing professional development (CPD), requiring health-care providers to complete the courses as a prerequisite for renewing their annual practice licences.

Summary: outcomes and impact

- The city strategic plan has provided a vehicle for coordinating all partners in the HIV response.
- The proposed integration of the Kigali HIV strategic plan into the new National Strategic Plan and the commitment to establish a coordination framework indicates a commitment to sustaining the gains of the past five years.
- The environment for key populations, people living with HIV and other priority groups has been strengthened by activities of civil society organizations and their growing partnership with the national HIV coordinating body, the RBMC. This includes improved delivery of appropriate and stigma-free services.
- The integration of the capacity building modules into the national e-learning platform has extended their availability from 23 city facilities to over 500 national health facilities.
- Strategies for differentiated care adopted during the COVID-19 pandemic, such as home delivery of antiretroviral therapy and self-testing, have been integrated into standard practice.

The FTC Project has contributed to an improvement in the treatment cascade from 91–94–89 in 2019 to 94–93–91 in 2023.

See also
Case study: Addressing social/structural barriers for key populations and priority groups in Kigali

Good practices in Annex 1
GP2.4. One plan, many partners.
GP3.1. Community-led response during COVID-19.
GP7.1. Addressing policy, social and structural barriers for people living with HIV and key populations.
GP9.7. Integration of capacity building modules into Ministry of Health e-learning platform.
GP11.4. Home delivery of antiretroviral therapy and HIV self-testing during COVID-19.

Achievements by city

KINGSTON, JAMAICA

The city at a glance

Living with HIV	Baseline (2019)	2023
Number of people living with HIV, new infections		
Total (15+ years)		**9000**
Children (<15) living with HIV		**136 (national)**
Estimated new annual infections		**1500**
HIV prevalence (15+ years)		
Adults (15+ years)		**1.7%**
Adolescents (15–24 years)		
Female sex workers		**2.0%**
Gay men or other men who have sex with men		**30.0%**
Treatment cascade		
All ages	82–76–84 (profile, 2021)	**92–58–83**
Children (<15 years)		

Data sources: UNAIDS Country Office (Jamaica); Kingston Epidemic Profile 2024.

Introduction

Kingston is the capital and largest city in Jamaica, located on the south-eastern coast of the island. It is amalgamated with the parish of St Andrew to form the Kingston and St Andrew Corporation (KSAMC). The combined population is around 670 000.

The city is home to 9000 people living with HIV and accounts for 35.7% of all people living with HIV in the country. The city has a small epidemic concentrated in gay men and other men who have sex with men and other key populations including female sex workers, transgender women, homeless people and incarcerated people.

Kingston was one of the five cities that joined the FTC Project in 2019.

Leadership and accountability

Kingston was one of the original signatories of the Paris Declaration and since assuming office in 2016 the Mayor, Delroy Williams, and his office have played an active role in the HIV response.

In 2019, the Permanent Secretary in the Ministry of Health and Wellness, and the Deputy Mayor attended the Fast-Track Cities conference in London and committed to working in partnership with civil society to roll out PrEP for key populations, and to support a public–private partnership to secure space in the private health sector for newly diagnosed people living with HIV. They also committed to an initiative to provide health services to homeless people who experience high HIV prevalence (13.9%).

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In 2020, the Government of Jamaica and city of Kingston signed a Memorandum of Understanding (MOU) with UNAIDS to end AIDS in Kingston, and Fast Track Kingston was launched. A multidisciplinary team was set up to operationalize the MOU and 40 councillors trained on HIV.

In 2022, the mayor attended the Fast-Track Cities conference in Seville and received a Circle of Excellence award for the city's achievements. Mayor Williams has given full support to activities and campaigns in the city, personally launching the Stigma-Free spaces initiative and the Kingston in Red World AIDS Day initiative. This is described in more detail in the case study on page x.

Planning and coordination

In Jamaica, health falls under the national government and is not a responsibility devolved to municipal authorities. This has posed a challenge to integrating HIV into the KSAMC agenda and has required a flexible and agile approach. As a result, the project has expanded from HIV to include noncommunicable diseases, mental and environmental health, becoming known as the FTC Project+. The project has also supported homeless shelters, strategies to fight stigma and discrimination and mass communications.

The FTC Project Kingston has also worked directly to strengthen civil society and people living with HIV organizations and projects.

The project initially struggled to integrate HIV into broader municipal planning and coordination processes. However, a city implementation plan for KSAMC was developed that included some aspects of the HIV response.

From 2022, the FTC Project has convened periodic coordination meetings with stakeholders involved in the project. Several technical working group meetings have also been held as part of the national HIV response.

In addition, the municipal corporation hosts periodic meetings with city councillors, who oversee the gathering of information, propose solutions, and collaborate with other authorities at the district level in response to the needs and concerns of the city's residents.

The city also holds monthly council meetings, at which HIV strategies and campaigns are discussed. For example, a draft public ordinance was approved in October 2021 that declared World AIDS Day a day of interest to the city.

Strategic information

A situational analysis of HIV in the city was undertaken in the first year and an epidemic profile produced, which assesses the status of the HIV epidemic and the response, and which informed the development of the city HIV Implementation Plan. As part of service mapping, a directory was produced with information on facilities providing HIV services in the city.

Data are also provided for the FTC dashboard, which focuses on progress towards 95–95–95 targets, the treatment care continuum, and houses the education portal. Additionally, data specific to children and disaggregated by gender are being visualized.

Civil society engagement

Civil society is integrally involved in the FTC Project+ as well as in the Kingston and St Andrew Municipal Corporation. Organisations include the Jamaica AIDS for Life, the Jamaica Network of Seropositives (JN+), Ashe Company and The Equality for All Foundation. A strong partnership has developed between KSMAC and JN+: KSMAC has provided office space to JN+, and JN+ has worked with councillors at the KSAMC to provide HIV and COVID-19 vaccination services in two communities.

Improvement of environment and services for people living with HIV

The FTC Project has supported a number of interventions that have improved the environment for people living with HIV. For example, the Shelter Health Programme has strengthened its HIV services for homeless people; and Jamaica AIDS for Life (JASL) has improved its waiting room and ticketing process to provide confidential, comfortable and safe spaces for people living with HIV. The Stigma-Free Spaces project (described in Chapter 3) and the World AIDS Day commemorations have also made Kingston a more friendly environment for people living with HIV and key populations.

Partnerships

In addition to partnerships with civil society organizations, the FTC Project has worked with the University of the West Indies. For example, in 2022 the university hosted a policy discussion on ending AIDS with UNAIDS which was attended by over 60 people, including students and researchers.

Other partners that participated in the Stigma-Free Spaces initiative included the Private Sector Organization of Jamaica, the Jamaican Manufacturers and Exporters Association and the Jamaican Human Resource Network.

Capacity building

In support of achieving global HIV targets, the Jamaican Ministry of Health and Wellness has embarked on a comprehensive strategy to build the capacity of health-care workers and civil society organizations to scale up HIV services across the country. This created the space to carry out FTC project capacity building and training in Kingston city. Table 8 shows an improvement in knowledge and understanding across all subject areas.

Table 8. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 358. Pre-assessment score: 62%. Post-assessment score: 66%.
IAPAC/UCG module	Providers trained: 65. Pre-assessment score: 63%. Post-assessment score: 68%.
Stigma reduction training	Providers trained: 225. Pre-assessment score: 73%. Post-assessment score: 80%.
Data to care	Providers trained: 23.
Conversation map	Peer educators trained: 115.
Scaling up community-led delivered HIV care modules	Peer educators trained: 12.
IAPAC–ITPC community peer educator training workshop	Peer educators attending: 28. Pre-assessment score: 56%. Post-assessment score: 68%.

The multistakeholder survey to synthesize lessons learned from COVID-19 was completed with 105 respondents.

The quality of care survey was completed with a total of 426 people living with HIV respondents who provided valuable insights into the quality of HIV care in Kingston. It found that over 90% of people living with HIV were aware of their HIV status and were on antiretroviral therapy, but only 38% understood the meaning of undetectable viral load. Only 48% reported an undetectable viral load. Additionally, 18% of respondents reported feeling unwelcome at health-care facilities, and 20% reported having to pay user fees.

The online ECHO programme has been taken over by the Jamaican Ministry of Health and will house the capacity building modules.

Summary: outcomes and impact

The FTC Project has brought about sustainable improvements in the Kingston HIV response.

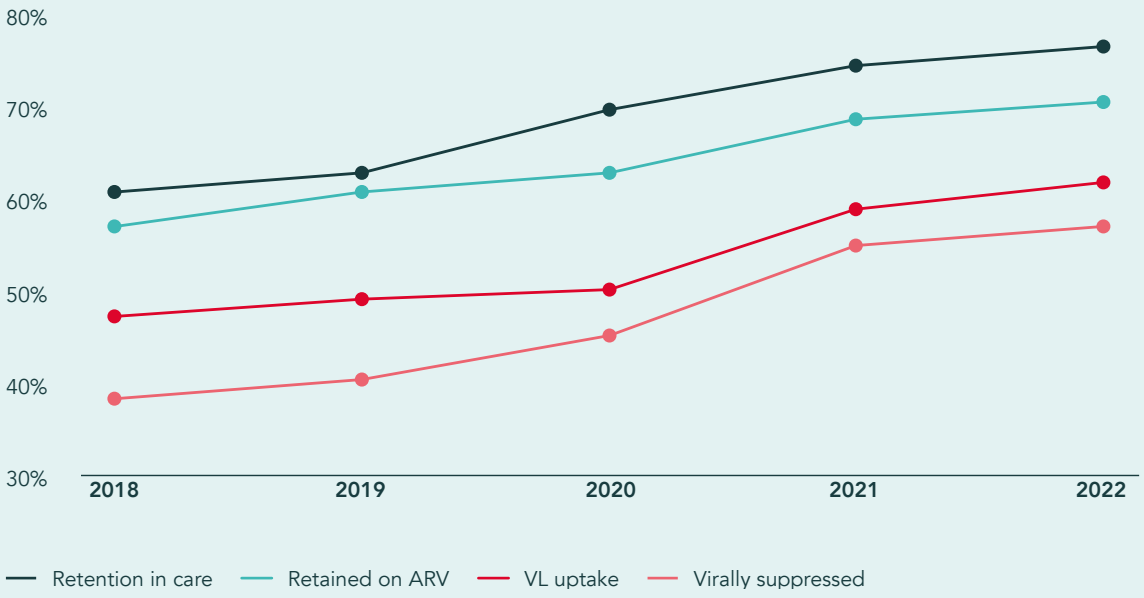
- HIV has become integrated into the Municipality's strategic plan for sustainable development for the first time and high-level political engagement by the Mayor and his office is driving awareness and programming on HIV in the city.
- A sustainability and transition plan has been drafted to ensure that the work continues after the end of the FTC Project.
- The Stigma-Free Spaces and World AIDS Day campaigns has made Kingston a more friendly environment for people living with HIV.
- The HIV capacity building modules have been integrated into the national online platform and will be available to all health providers in the country.
- Jamaica is poised to engage the Kingston Municipality as a key implementer in the upcoming funding round of the Global Fund in Jamaica, ensuring sustainability of the city response.

The FTC Project has contributed to a significant improvement in Kingston's treatment cascade, from 82-76-84 in 2021 to 92-58-83 in 2022 (Figure 18).

See also
Case study: City ownership and support: Kingston. From MOU to Kingston in Red.

Good practices in Annex 1
GP1.2. City ownership and mayoral support.
GP7.4. Stigma-free spaces, Kingston.
GP7.5. Improving services and the environment for people living with HIV in Kingston.
GP7.7. Differentiated HIV, syphilis testing and counselling services for key populations.

Figure 18. Improvements in retention in care for Kingston and St Andrews, 2018–2022 (ARV: antiretroviral; VL: viral load)



Achievements by city

KINSHASA, DEMOCRATIC REPUBLIC OF THE CONGO

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	129 000	**110 400**
Number of children (<15) living with HIV		**9400**
Estimated new annual infections		**3200**
Vertical transmission rate	27.6% (2021)	
HIV prevalence		
Adults (15–49 years)	1.6%	**0.8%**
Adolescents (15–24 years)		**0.1%**
Sex workers	9.8%	**5.3% (2021)**
Gay men and other men who have sex with men	31%	**8.9% (2021)**
People who inject drugs	13%	**4.8% (2021)**
Treatment cascade		
All ages	74–56–54 (2020)	**89–88–29**
Children (<15 years)		

Data sources: UNAIDS Country Office (Democratic Republic of the Congo); Naomi estimates, 2023.

Introduction

Kinshasa is the capital and largest city in the Democratic Republic of the Congo, with an estimated population of around 16 million people. It has the status of a province and is divided into 24 districts or communes, each with its own mayor and 35 health zones.

Kinshasa has a generalized HIV epidemic with higher prevalence in key populations. Around 22% of people living with HIV in the country live in Kinshasa.

Leadership and accountability

Kinshasa was one of the original signatories of the Paris Declaration in 2014. In 2020, advocacy efforts resulted in high-level support and commitment for the FTC Project from the newly elected President, the Provincial Ministry of Health and other stakeholders. In 2022, the Provincial Minster of Health and the mayors of four communes reiterated their commitment to the project at the National AIDS Conference held in the country. This commitment has kept HIV on the provincial agenda and ensured that there is a budget line for HIV in the provincial budget.

Planning and coordination

The FTC Project contributed to the development of a mechanism to coordinate actors in the HIV response, led by the Provincial Minister of Health. Quarterly meetings bring together provincial authorities, mayors, multilateral partners, international NGOs and civil society organizations.

The FTC Project, the National AIDS Commission (NAC) and other partners supported Kinshasa in developing a comprehensive city HIV plan in 2018. The project also contributed to the development of the 2023 national HIV strategic plan (NSP), in which Kinshasa is a priority province. The NSP is decentralized to provincial level and will include implementation plans for Kinshasa province. The NSP has been used to guide the $700 million grant application to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Strategic Information

Before the FTC Project there were little accurate data on the HIV epidemic and response at decentralized levels (province or health zones). In 2019, a study on barriers to the uptake of HIV services in Kinshasa was undertaken and the production of district epidemic profiles began in collaboration with other partners (NAC and CDC). By the end of 2021, epidemic profiles for 24 districts had been validated by their mayors. Population size estimates were also produced for key populations. In 2023, a monitoring and evaluation HIV taskforce was established.

The availability of accurate data for Kinshasa facilitated the support of PEPFAR and the Global Fund which together are supporting HIV services in the 35 health zones of the province.

Capacity building included the training of provincial staff on HIV estimation tools, workshops on triangulation of data from different sources, data collection, calculation of indicators as well as analysis of data and reporting.

Data on the HIV epidemic and response are also incorporated into the IAPAC dashboard, including progress towards the 95–95–95 targets, subpopulation data for key populations and children, site-level antiretroviral therapy data, and TB-HIV co-infection data. A 2020 dashboard utilization survey found that it was used by clinicians, Ministry of Health, UNAIDS, Mayor's Office, HIV clinics, civil society organizations and other stakeholders. They accessed information on key data, progress against 90–90–90 targets and other topics, and used it to inform programmatic planning, and advocacy to decision-makers.

Civil society engagement

The FTC Project has supported community-based HIV prevention, including through awareness training for the development of civil society and peer educators. Civil society organizations, such as the Union of Congolese People Living with HIV (UCOP+) and Main sur le Coeur participate in the HIV coordination mechanisms.

Civil society organizations have played a critical role in facilitating increased access to stigma-free HIV services. This included preparing young people for receiving an HIV diagnosis, supporting community antiretroviral therapy distribution, and developing digital platforms and applications to enhance paediatric care and improve treatment uptake and adherence.

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Improved environment for people living with HIV and priority groups

Catalytic funding has enabled two NGOs to develop digital platforms and apps that have improved HIV care and treatment for adults and children living with HIV:

- Landela is a hospital-based digital platform managing data on women and children that was designed to improve the management of ARV stocks, access to services and adherence to treatment. It was initially implemented in one high-volume paediatric hospital and has subsequently been extended to six additional sites in Kinshasa and four other cities.
- The Alert Plus is a mobile app that enables reporting on poor services at health facilities including drugs stockouts, stigma and discrimination. Launched in May 2023, it has already received reports from 17 health zones in Kinshasa and resulted in a reduction in stock shortages and provided assistance for vulnerable people and support for survivors of gender-based violence. It has been extended to two other provinces and is now part of the new NSP, meaning that it will be extended across the county as funding allows.

These digital innovations are discussed in more detail in the case study on page 83.

Capacity building

Capacity building for health providers and civil society actors has taken place throughout the duration of the project. Table 9 shows the substantial improvement in knowledge and understanding across all subject areas.

Table 9. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 308 Pre-assessment score: 48% Post assessment score: 76%
Stigma reduction training	Providers trained: 186 Pre-assessment score: 45% Post assessment score: 81%
Enhanced personal contact	Providers trained: 76
Scaling up community-led delivered HIV care module	Peer educators trained: 13
IAPAC–ITPC community peer educator training workshop	Pre-assessment score Post-assessment score
UNAIDS people-centred care	Providers trained: 69

A quality of care survey was completed by 476 respondents from Kinshasa. Data showed a complex picture of HIV/AIDS management and awareness in the region. It revealed that while only 24% of respondents understood the concept of undetectable viral load, clearly indicating the need for improvement in education efforts, nearly all respondents had received counselling on the importance of adhering to HIV treatment. Timely clinical visits were common, with nearly half of the people living with HIV having had a clinic visit on the same day as diagnosis, and the majority reporting a first clinical visit within seven days. Similarly, a significant proportion of people had initiated antiretroviral therapy promptly after diagnosis, with 40% starting on the same day. Additionally, the data highlighted the importance of HIV prevention education, particularly regarding safer sex practices and partner notification. Overall, these findings underscored the importance of continued education and prompt intervention in managing HIV/AIDS effectively in Kinshasa.

Summary: Outcomes and impact

- The improved governance of the Kinshasa HIV response has strengthened coordination of stakeholders and guaranteed that there will be a budget line for HIV in the Kinshasa provincial budget. The Kinshasa implementation plan is now integrated into the National HIV Strategic Plan 2023–2028, in which it is a priority province, and which receives funding from the Global Fund for implementation. These are important factors in ensuring sustainability of the HIV response in the province.
- The availability of accurate disaggregated strategic information has enabled evidence-based planning and programming as well as advocacy for the city HIV response.
- Civil society is fully engaged in the Kinshasa response, delivering HIV services where needed and participating in planning and coordination.
- Digital innovation has made it possible to reach many people at lower cost, and has had a rapid impact on improving the quality of services for people living with HIV, including for children.

The FTC Project has played an important role in a partnership which has seen the improvement of the first two treatment indicators from 74–36 in 2020 to 89–88 in 2023.

See also
Case study: Digital innovation to strengthen HIV services in Kinshasa.
Case study: Community antiretroviral therapy distribution in Kinshasa.

Good Practices in Annex 1
GP3.2. Community antiretroviral therapy distribution, PODI.
GP7.6. Campaigning for human rights for people living with HIV.
GP4.5. Contribution of peer educators in services for adolescents and young people living with HIV.
GP5.2. Landela digital platform to enhance paediatric care.
GP7.8. Impact of Alert-Plus, digital app in improving services.


Union Congolaise des Organisations
des Personnes vivant avec le VIH
"UCOP+"

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Achievements by city

KYIV, UKRAINE

The city at a glance

Living with HIV	Baseline (2019)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	21 154	**20 068**
Estimated new annual infections	2075	**1400 (2021)**
Vertical transmission rate	4.96% in 2016	**1.14%**
HIV prevalence (15+ years)		
Adults (15–49 years)		**1.3%**
Sex workers		**7% (2021)**
Gay men and other men who have sex with men		**7% (2021)**
People who inject drugs		**16.3%**
Transgender people		**0.9%**
Treatment cascade		
All ages	67-83-95	**91-81-95 (2022)**

Data sources: UNAIDS Country office (Ukraine)

Introduction

Kyiv is the capital of Ukraine with an official population of 2.9 million people.

The HIV epidemic is concentrated in key populations with very high HIV prevalence among people who use drugs.

Kyiv was one of the five cities that joined the FTC Project in 2019. Since then, it has faced a series of serious challenges which impacted HIV services, including the COVID-19 epidemic of 2020 and the Russian invasion of Ukraine in February 2022. The latter also led to large numbers of internally displaced people converging on Kyiv, bringing the unofficial population to around four million people.

The governance of opioid substitution (OST) services was affected by 2020 health sector reform, which led to the centralization of services. The FTC Project's key partner at the municipal level, the Kyiv City Public Health Centre (KCPH), was dissolved, and this required the redesign of project support, with greater flexibility and adaptation to the changing needs of the city.

Leadership and accountability

Kyiv was the first city in the eastern European region to endorse the Paris Declaration in 2016 and since then, city leaders have played a prominent role in the HIV response. The Mayor, Vitaly Klitschkco, has been an important advocate for HIV in the region and has participated in several FTC high-level events.

> *"We've joined the Fast-Track program to end AIDS… I propose engaging other cities of our country in the programme".*
>
> *Mayor Vitaly Klitschko, April 2016*

The Vice Mayor oversees the Municipal Coordinating council, is engaged in the development of programming and personally intervenes on urgent issues. He has attended most of the FTC conferences, and in 2023 he participated in the high-level panel at the Amsterdam FTC conference, sharing the city's approach to ensuring universal access to health care for all residents, including undocumented refugees and others.

Planning and coordination

The Municipal Coordination Council for HIV and TB response, which was formed in 2005, is a multisectoral body that includes representatives of the relevant municipal administrative structures, civil society organizations, donors and multilateral partners. Meetings were held quarterly but have been less frequent since the COVID-19 and war. Representatives from civil society organizations and the City AIDS Centre have been performing the routine coordination function since October 2021.


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The HIV response activities are currently incorporated into two municipal strategic plans: The Health of Kyiv Citizens and the 2022–2025 Kyiv Public Health Programme. During the war, all HIV programmatic spending beyond the needs of HIV prevention (including prevention of vertical transmission) and the testing and treatment cascade were put on hold.

Strategic information

In 2019, a multipartner task force was established to assess quality and completeness of existing data, and capacity building was provided to the Kyiv City Public Health Centre. When this body was dissolved, the strategic information and monitoring and evaluation sections were lost. The FTC Project has funded clinicians from the Kyiv City AIDS Centre to continue to collect information on key strategic information indicators.

In 2021, a rapid assessment of drug use in the city found that the use of stimulants had overtaken opioid use, which led to changes in prevention programming.

In 2020, the people living with HIV network, 100% Life and the FTC Project adapted the global Stigma Index methodology to develop the first ever stigma index for people living with HIV in Kyiv. The survey found that high levels of stigma contributed to treatment interruption and this information will be used to guide future programming.

Data have informed and guided the public health programme in the city, which for example now includes coverage for the prevention of vertical transmission of HIV and the procurement of opioid substitution therapy drugs, HIV rapid tests and medicines to treat opportunistic infections.

Civil society engagement

Kyiv has long had a vibrant civil society sector providing HIV and drug prevention and care in the city. They have also been engaged in planning, coordination and strategic information. Since the onset of COVID-19 and the conflict of 2022, and with FTC Project and UN support, they have come to the fore as leading partners in maintaining the HIV response, supporting people living with HIV and key populations, and implementing the UNAIDS humanitarian programme (see the FTC video and case study page 86)

Capacity building

Capacity building trainings were certified by the National Academy of Medical Science and the Kyiv Centre for Public Health and offered as continuing medical education credits for physicians. After the start of the 2022 conflict, capacity building was put on hold, but some funding was redirected to educating social services staff.

Table 10 shows the significant improvement in knowledge and understanding across all subject areas.

Table 10. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 406 Pre-assessment score: 69% Post-assessment score: 84%
Stigma reduction training	Providers trained: 273 Pre-assessment score: 63% Post-assessment score: 80%

A quality of care survey was completed by 341 respondents. While 15% of respondents reported same-day initiation of antiretroviral therapy after a positive diagnosis, initiation took more than three months from HIV diagnosis for 28% of respondents. There is a need to develop strategies to address the causes of treatment delay. These include improving patient education on the benefits of early initiation, facilitating quicker prescription processes and ensuring accessibility of health-care providers for timely consultations.

Summary, outcomes and impact

- Before the FTC Project, the city leadership was not appreciably engaged in the HIV response. City leaders now provide advocacy and support, including for other cities in the country and region.
- The project has strengthened the governance of HIV in the city by providing a clear focus and targets, particularly for the treatment cascade.
- Cooperation and coordination between stakeholders have been strengthened and has led to unexpected outcomes, for example the training of 300 municipal social workers on HIV and TB.
- While civil society organizations were always central to the Kyiv HIV response, health provider attitudes towards them have changed and they are now seen as the most reliable providers of services. This will be a lasting legacy of the FTC P.
- The skills and experience gained through the FTC Project will be used to manage a large Dutch grant for humanitarian aid and psychological support, to be implemented by civil society organizations.
- A Risk Mitigation Plan was developed to ensure the continuation and sustainability of the HIV response during times of epidemics and war.

The FTC Project has contributed to remarkable progress, including a 31% increase in the coverage of rapid HIV testing, the expansion of antiretroviral therapy treatment sites, from four in 2017 to 40 in 2023, and testing sites from four in 2017 to 140 in 2023, and a tripling of the number of people on treatment during the same period.

The treatment cascade improved from 67–83–95 in 2019 to 91–81–95 in 2022.

See also
Case Study: Civil society organizations, the backbone of the emergency response in Kyiv.

Good practices, Annex 1
GP1.3. Leadership in action.
GP8.3. Rapid assessment of the drug scene.
GP8.4. HIV Stigma Index 2.0.
GP11.5. Supporting people living with HIV and key populations in times of COVID-19 and conflict.

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Achievements by city

LAGOS, NIGERIA

The city at a glance

Living with HIV	Baseline (2019)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	120 000 (NAIIS 2018 survey data)	**128 000**
No. of children (<15) living with HIV		**11 200**
Estimated new annual infections	3900 (2021)	**4900**
Vertical transmission rate	26.0% (2021)	**22%**
HIV prevalence		
Adults (15–49 years)	1.3% (2018)	**0.8%**
Adolescents (15–24 years)		**0.3%**
Sex workers	18.5% (2021)	**12.8%**
Gay men and other men who have sex with men	27.4% (2021)	**24.7%**
People who inject drugs		**8.2%**
Transgender people		**28.8%**
Treatment cascade		
All ages	78–80–62 (mid-term review)	**98–100–80**

Data sources: UNAIDS Country Office (Nigeria); Naomi estimates, 2023.

Introduction

Lagos metropolitan area, in southwest Nigeria, has a population of about 15 million people and is the most populous of the cities in the FTC Project. It has a young population with 32.4% under the age of 15 years.

Lagos has a generalized HIV epidemic, with high prevalence in key populations and a very high incidence of vertical transmission of HIV at 26%.

Lagos was one of five cities that joined the FTC Project in 2019.

Leadership and accountability

Lagos signed the Paris Declaration in December 2014 and strong political leadership has maintained a focus on HIV in the city. This is evidenced by a significant increase in domestic funding from NGN 500 000 (Nigerian naira) in 2019 to NGN 766 292 089 in 2022 (See GP1.4).

Planning, coordination, and partnerships

Lagos had both a state HIV strategic plan and a coordinating body when it joined the FTC Project.

The Lagos State AIDS Control Agency (LSACA) falls under the office of the state governor, and focuses on the coordination of the multisectoral response, which also includes the health sector response and representatives of civil society organizations and other key stakeholders. The LSACA includes specialist Technical Working Groups that meet regularly, including on tuberculosis, antiretroviral therapy, prevention of vertical transmission, monitoring and evaluation, and prevention.

The FTC Project supported a gap analysis of the 2017–2021 state plan and coordinated the development of the Lagos State HIV Strategic Plan 2021–2025. The project also supported the development of a sustainability and transition plan in 2023 to sustain the progress that has been made in the HIV response.

Through the FTC Project, strong partnerships have been forged with the private sector, HIV Trust Fund of Nigeria and the Nigerian Business Coalition Against AIDS (NiBUCAA), which sits on the LSACA board.

Strategic information

Before 2019, data on the HIV epidemic were not disaggregated to city level. The FTC Project has provided continuous technical support to LSACA and the Lagos State Ministry of Health on analysis and visualization of data, and mapping of HIV services.

Strategic information was used to strengthen HIV service delivery. For example, a mapping of programmes for adolescents and young people identified 35 structures and reviewed the quality of their services. This enabled the city to understand the support it needed, including commodities such as rapid test-kits, self-test kits, condoms, lubricants, information, education and communication materials.

In 2023, the FTC Project supported a modes of transmission study that provided information on the likely distribution of new HIV infections by risk population in the State. This study has created traction among programmers, policy-makers and government officials and the findings will be used to accelerate the delivery of HIV service.

Quarterly HIV fact sheets are developed and, along with the FTC dashboard, have improved the demand for and use of data for decision-making.

Capacity building for data officers and peer educators is discussed further below.


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Civil society support and engagement

The FTC Project supported civil society organizations and networks of people living with HIV with organizational development capacity building and seed grants that enabled them to improve their offices, equipment, etc. Capacity building was also provided for collection and use of strategic information.

> *"The Fast Track City Project capacity building programme has been a transformative journey for me, equipping me with the skills and knowledge needed to make a real difference in the fight against HIV/AIDS... The Fast Track City Project capacity building programme has played a pivotal role in shaping me into a stronger and more effective leader, and I'm grateful for the instrumental impact it has had on my journey."*
>
> *Yusuff Oluwatobiloba, Association of Positive Youth in Nigeria*

Major beneficiaries included the Women and Children AIDS and HIV Positive Support Foundation (WOCAHSUF), the Association of Positive Youth in Nigeria (APYIN) and the Network of People Living with HIV in Nigeria (NEPWHAN).

Capacity building for health-care providers and people living with HIV is discussed further below.

Improving the environment and services for priority groups

In addition to building the capacity of civil society organizations and networks of people living with HIV, the FTC Project supported several catalytic interventions which have improved HIV services for adolescents and young people, pregnant women, children and working people. These include:

- Supporting private health facilities to boost free access to prevention of vertical transmission services that are used by 60% of the population (see case study on page 78).
- Revitalizing the school's-based Family Life HIV Education programme. FLHE is fully integrated into science and biology classes and is now taught across the city.
- Strengthening training of traditional birth attendants to include HIV and prevention of vertical transmission.
- Engaging the private sector to adopt workplace policies (GP2.6).

> *"The OD Training Supported by the Fast Track Cities Project has propelled WOCAHSUF to make greater impact in the community."*
>
> *Julie Adebowale, Women and Children AIDS and HIV Positive Support Foundation*

Capacity building courses

Extensive formal capacity building for health-care providers has been carried out across Lagos state. Table 11 shows a large improvement in knowledge and understanding across all subject areas.

Table 11. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 1137 Pre-assessment score: 55% Post-assessment score: 65%
Stigma reduction training	Providers trained: 889 Pre-assessment score: 71% Post-assessment score: 77%
Stigma workshops for facility managers	No. of participants: 75
Enhanced personal contact	Providers trained: 370 Pre-assessment score: 60% Post assessment score: 74%
Incentivised care	Providers trained: 7 Pre-assessment score: 68% Post-assessment score: 75%
Data to care	Providers trained: 328 Pre-assessment score: 66% Post-assessment score: 82%
IAPAC–UCSF technical briefing	Providers: 1445 Pre-assessment score: 71% Post-assessment score: 78%
UNAIDS people-centred targets	Providers trained: 214
Therapeutic Alliance for good health	Providers trained: 135
IAPAC–ITPC community peer educator trainers training workshop	Peer educators trained: 14 Pre-assessment score: 57% Post-assessment score: 68%

A quality of care survey was completed by 582 respondents. Key findings included the fact that 33% did not know or understand the meaning of the term undetectable viral load. While over 98% had received counselling from their health-care providers on HIV transmission and antiretroviral therapy adherence, 20% responded that they had not received any counselling about U=U within the same timeframe.

Capacity building for health-care workers began during the COVID-19 lockdown and the first group online session was facilitated by a leading local clinician. Thereafter, health-care workers were encouraged to complete the training online with the support of a Google group. From mid-2021, more training was conducted in-person, which was the preferred option for participants.

Capacity building on data for care was also provided for 1445 data officers working in health-care facilities. In-person sessions and online training were provided through a series of short modules provided by the University of California, San Francisco (UCSF).

A three-day capacity building workshop trained key people living with HIV leaders to become peer educators. The training focused on improving quality of care and maintaining their own health. The training was then cascaded to smaller groups. This has the potential of reaching 80 000 people living with HIV in 90 support groups in the city.

Stigma elimination activities and training is discussed in the case study on page 92.

Summary: outcomes and impact

- The Lagos Fast-Track City Sustainability Plan will be pivotal in institutionalizing the gains, approaches and successes of the project and ensuring that HIV remains on the political agenda in Lagos State.
- Strengthened strategic information and institutions are guiding improved decision-making.
- Capacity of civil society groups and networks of people living with HIV has enabled them to engage with stakeholders more effectively and to improve their own care.
- Catalytic interventions have brought sustainable improvements in the prevention of vertical transmission, workplace HIV programming and sexuality education, as described above.
- A recent study found that U=U messaging has contributed to a reduction in the proportion of patients lost to follow-up, with re-engagement numbers increasing from 4146 in 2020 to 8404 in 2021 and 8363 in 2022.
- An assessment of HIV-related stigma at health facilities after the stigma-reduction training found that 19% had achieved ‘near stigma-free status’ and 34% of reported evidence of community engagement in promoting stigma-free HIV prevention and care.
- Lagos State’s COVID-19 contingency plan ensured that 91% of eligible clients were reached with antiretroviral refills before and during the lockdown.
- Lagos has become a learning centre for HIV and will bring positive change to other cities in the country.

The FTC Project has contributed to an improvement in the treatment cascade from 78–80–62 in 2019 to 98–100–80 in 2023.

See also

Case study: Engaging the private sector to increase the prevention of vertical transmission services in Lagos.

Case study: Stigma elimination in Lagos health facilities.

Good practices in Annex 1

GP1.4. Lagos State domestic resource mobilization and sustainability strategy.

GP2.6. Engaging the private sector to integrate HIV into workplace programming.

GP4.6. Revitalizing the Family Life and HIV Education (FLHE) in secondary schools.

GP4.7. Strengthening support groups for young people living with HV.

GP4.13. HIV self-testing campaign for adolescents and young people.

GP5.3. Engagement of private health facilities to increase prevention of vertical transmission services.

GP8.10. Mapping and improving youth services.

GP9.5. Increasing awareness about U=U through capacity building of health professionals.

GP10.2. Assessing the health facility HIV-related stigma in the city of Lagos: documenting findings from health faculty administrators' stigma elimination workshop.

GP11.2. COVID-19 contingency plan.

GP11.3. HIV provider perceptions of COVID-19 disruptions in HIV service access in Lagos State.

GP5.6. The impact of TBAs and mentor mother programme on Lagos City prevention of vertical transmission coverage

GP:12.3. How do people living with HIV and AIDS feel about the quality of care they received amid the COVID-19 pandemic in Lagos, Nigeria (study/journal article).

Achievements by city

LUSAKA, ZAMBIA

The city at a glance

Living with HIV	Baseline (2019)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	245 000	**256 700**
No. of children (<15) living with HIV	10 700	**14 200**
Estimated new annual infections	10 072	**3720**
Vertical transmission rate	3.3%	**3.1%**
HIV prevalence		
Adults (15–49 years)	17%	**15.9%**
Adolescents (15–24 years)	2.8%	**1.9%**
Female sex workers	58%	**32% (2023 IBBS)**
Gay men and other men who have sex with men	34%	**21%**
People who inject drugs	26%	**15%**
Treatment cascade		
All ages	70–88–63 (2019)	**89–98–96**
Children (<15 years)	51–98–87	**68–98–93**

Data sources: UNAIDS Country Office (Zambia); Naomi estimates, 2023.

Introduction

Lusaka is the capital city of Zambia and the largest city in the country, with 3.3 million people. It has 33 wards, each with its own elected councillor.

The city has a generalized HIV epidemic with higher prevalence in key populations.

Leadership and accountability

The Mayor of Lusaka signed the Paris Declaration in 2015 and subsequent mayors have supported the FTC Initiative and FTC Project. Political commitment resulted in a 50% increase in domestic funding for HIV and gender in the city budget by 2021. In the 2024 city estimates of income and expenditure, the city has allocated an equivalent of US$ 30 000 to the FTC Initiative.

City staff, including at ward level, are trained on HIV, and best performing councillors receive awards from the mayor for excellence in community engagement and support to community activities on HIV.

Planning and coordination

Initially, there were concerns about the FTC Project as the HIV response was not seen as a domain for municipal engagement. However, within a year, city authorities became centrally involved in key decision-making processes (at the national and local level), and a Fast-Track Action Plan (2019–2023) had been approved and launched by the mayor. It was adopted by the city council in a formal council resolution. The experience of the FTC Project has informed the development of the new national strategic HIV plan for Zambia, which will include the urban HIV responses for the first time. City partners have also been engaged in developing Global Fund grant applications.

Three committees were established to coordinate and guide implementation: a steering committee, technical committee and an innovation committee. The committees bring together key stakeholders, including government and civil society, and are convened by the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, Lusaka (AMICAALL). The innovations team includes representatives from civil society organizations, including networks of people living with HIV; sex worker organizations; faith-based organizations; and the LGBTQI consortium. It works to identify and promote cost-effective, efficient and sustainable community-led initiatives.

Strategic Information

In 2019, Lusaka established its first ever monitoring and evaluation unit in the city planning department. The city has also developed an innovative model to produce granular data at sub-district level. This provides a clear picture of the epidemic by population, gender, age and location. HIV services were also mapped, and gaps and barriers were identified, which became priorities for policy and programming (see case study on page 69). City staff in the newly-established monitoring and evaluation unit have been trained to analyse and use data on HIV.

IAPAC worked with city health officials to select key indicators and targets, to publish on the FTC Dashboard. Alongside the 95–95–95 targets and indicators consistent across all dashboards, local stakeholders opted to additionally visualize data on children, key populations and secondary prevention programmes. The dashboard and epidemic profiles have been useful to inform councillors and other stakeholders and advocate for funding.

Civil society engagement

Prior to 2018, civil society organizations were not engaged in any formal way in the city HIV response. The FTC Project assisted in the identification of 20 community organizations representing key populations, people living with HIV and others most at risk of HIV. These organizations were trained to undertake community initiatives in high burden communities in the city. Adolescents and young people, sex workers, LGBTIQ and people living with HIV were trained in micro-planning, prevention of vertical transmission, community mobilization and community-led monitoring. Civil society organizations also participate in the committees that guide the city HIV response, and in monitoring and implementation.

Improving the environment and services for priority groups

The formal engagement of key populations and organizations representing people living with HIV, both in the coordination committees and as service providers, has significantly improved the environment and HIV services for these groups in the city. These engagements have been highly valued by city officials. For example, in 2022, the Lusaka Mayor, Chilando Chitangala, made a presentation to the FTC Conference in Seville on the contribution of community volunteers to strengthening prevention of vertical transmission services. Volunteers from the Network of Zambian People living with HIV (ZNP+) were trained on these techniques and placed in five health facilities. By 2022, they had traced 1265 HIV positive women who had defaulted on treatment and were brought back into care and 95% of exposed infants tested negative at 18 months.

Capacity building

Capacity building for health providers and communities has continued throughout the duration of the project. Table 12 shows the significant improvement in knowledge and understanding across all subject areas.

Table 12. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 1100 Pre-assessment score: 47% Post-assessment score: 83%
Stigma reduction training	Providers trained: 717 Pre-assessment score: 52% Post-assessment score: 80%
Stigma workshops for facility managers	No. of participants: 34
Enhanced personal contact	Providers trained: 779 Pre-assessment score: 49% Post-assessment score: 79%
IAPAC/UCSF technical briefing	Providers trained: 108 Pre-assessment score: 60% Post-assessment score: 80%
Conversation Map	Peer educators trained: 45 (100?)
IAPAC–ITPC community peer educator training workshop	Peer educators trained: 18 Pre-assessment score: 64% Post-assessment score: 72%
UNAIDS 2025 people-centred targets	Providers trained: 568 Pre-assessment score: 51% Post-assessment score: 78%
Therapeutic alliance for good health	Providers trained: 32

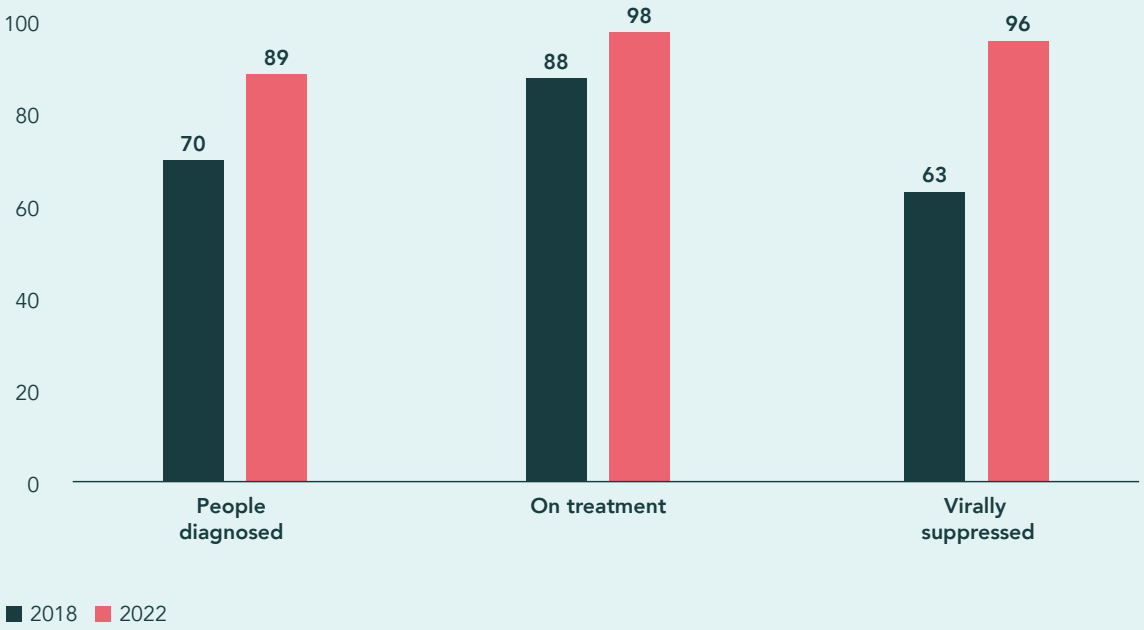
The quality of care survey was completed by 487 respondents. It found that 43% of people living with HIV did not understand the meaning of undetectable viral load and while over 95% of respondents had received counselling from their health provider on HIV transmission and antiretroviral therapy adherence in the past year, 16% had not received any counselling on U=U. The majority of respondents (62%) reported antiretroviral therapy initiation within seven days, and over half of the people living with HIV reported an undetectable viral load in the previous 12 months, 4% reported a detectable viral load, and 37% did not know their viral load. When asked about their health-care facilities, 12% of respondents reported having felt unwelcome at the health facility and 1% reported having to pay user fees.

People living with HIV who were trained on the Conversation Map agreed it was a helpful tool that had enabled them to understand U=U and manage their HIV status.

Summary: outcomes and impact

- The involvement of the mayor in the project has strengthened political commitment and a sense of ownership of the project.
- There has been a fundamental change in the engagement of civil society organizations, including people living with HIV and key populations. Their involvement in formal structures and social contracting will contribute to the sustainability of people-centred HIV programmes.
- The availability of granular data is contributing to accurate targeting of policy and programmes and improvements in the treatment cascade.
- The FTC Project has catalysed change in the urban HIV response across the country. The city's model for HIV coordination is being expanded to additional cities in Zambia which have similar epidemiological profiles to Lusaka. The project has also catalyzed reform, which has resulted in decentralization of health and HIV across the country. Meaningful engagements between the Local Government Association of Zambia (LGAZ), AMICAALL, the Ministry of Health and the National AIDS Council resulted in the Zambian Government's decision to second district health officials and district health services to local authorities. In May 2023, the Minister of Local Government and Rural Development called upon local authorities to allocate resources to HIV-related initiatives under the constituency development funds (CDF).

Figure 19. Progress of Lusaka City in achieving the 95–95–95 targets



The FTC Project has contributed to improvements in health outcomes in Lusaka. The rate of vertical transmission of HIV has declined from 3.3% in 2018 to 23.1%, in part due to the engagement of prevention of vertical transmission community volunteers.

The treatment cascade has improved from 70–88–63 in 2019 to 89–98–96 in 2022 (Figure 19).

See also
Case study: Generating spatial data and strengthening monitoring and evaluation for HIV in Lusaka.

Good practices in Annex 1
GP2.8. Mainstreaming the HIV response.
GP3.3. Involvement of community volunteers in prevention of vertical transmission.
GP7.3. Identifying and empowering key populations and people living with HIV organizations.
GP8.5. Strengthening monitoring and evaluation capacity in Lusaka.
GP8.6. Closing the gaps through evidence generation.
GP9.6. Introducing the Conversation Map in Lusaka, community engagement for U=U messaging.

Achievements by city

MAPUTO, MOZAMBIQUE

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (15+ years)	352 000	**399 600**
No. of children (<15) living with HIV		**20 860**
Estimated new annual infections	24 876 (from Y2 report)	**12 500**
Vertical transmission rate		
HIV prevalence (15+ years)		
Adults (15–49 years)	16.9%	**15.0%**
Adolescents (15–24 years)		**5.3%**
Female sex workers	31.2%	
Gay men and other men who have sex with men	8.2%	
People who inject drugs		
Treatment cascade		
All ages		**88–85–74**

Data sources: UNAIDS Country Office (Mozambique); Naomi estimates, 2023.

Introduction

Greater Maputo, which includes the city of Maputo and its neighbour, Matola, has a population of 1.1 million people and is the most densely populated area of Mozambique. It comprises seven districts and has 42 health facilities,

The city has a generalized epidemic with a higher prevalence among female sex workers and a growing epidemic among people who inject drugs.

Leadership and accountability

Maputo was one of the original signatories to the Paris Declaration in 2014. Successive mayors have supported the project. Maputo was one of the cities to receive a 'Circle of Excellence' award for its progress in the HIV response during the FTC conference in Amsterdam in 2023.

> *It is a satisfaction that Maputo City is part of this family where together we strive to achieve the same goal: 90–90–90 and zero stigma and discrimination. During this mission, we will ensure that the response to this epidemic is inclusive, leaving no one out, or behind. Quality health services should be available to all residents on an equitable basis. Together with other sectors and institutions, looking to the same horizon, we will control the epidemic and ensure an HIV-free generation in this city.*
>
> *Eneas Comiche, Mayor of Maputo, 2019*

Planning and coordination

The FTC Project has provided technical support and funding for the development of Maputo's current city strategic plan which is expected to be finalized in 2024. A previous city HIV plan (2014–2019) was part of the national strategic plan.

The project has also supported the revival of Maputo's HIV coordinating committee (the Maputo Municipal Reference Group). They hold quarterly meetings and are led by the city councillor. The main participants are the Provincial AIDS Council, the National AIDS Council, civil society organizations, community-based organizations, people living with HIV, representatives of key populations, PEPFAR, Global Fund implementing partners, UNAIDS, and UNDP.

Strategic information

Strategic information for Maputo has been complicated by the fact that its administration includes nearby areas of Matola and Marracuene (greater Maputo) and there is much movement between the three areas for work, and inevitably for accessing HIV services.

In 2021, Maputo conducted a major data exercise to create a more reliable picture of its HIV epidemic. Provincial-level epidemiological data were merged allowing the city to generate

more robust HIV data. Correction factors were applied to adjust for previous over-estimation of service coverage in the city and under-estimation in the province.

Corrected estimates have been used to develop strategic information products to support policy-makers in taking evidence-based strategic decisions. These include 'know your HIV epidemic' and 'know your HIV response' analysis, prevention score cards, as well as geographical information system (GIS) maps of prevention facilities.

Support has also been provided for the development and regular update of epidemic profiles and data visualizations, including the FTC Dashboard, which are used for advocacy and planning.

Civil society engagement

Civil society organizations have a harmonious relationship with local government and key populations are able to operate freely, though they may not be formally registered. The FTC Project has fostered the engagement of these organizations in city structures, and two-way dialogue that promotes mutual understanding.

Improving the environment for priority groups

The Higher Education Initiative (HEI) is a key intervention that has targeted young people who have previously been largely missing from the HIV response. It provides prevention and treatment education and has been implemented in four institutions of higher learning and reached over 10 000 youth (see the case study on page 74).

A male engagement strategy aimed to increase male uptake and adherence to antiretroviral therapy and engagement in the prevention of vertical transmission. This included: education and sensitization at health facilities; training of community activists; neighbourhood discussions; workplace activities; and discussions with religious leaders.

The FTC Project has also supported and strengthened organizations serving key populations in the city. For example, financial support (including from the Global Fund) to Lambda, the Mozambique Association for Sexual and Minority Rights, has enabled them to maintain safe spaces for gay men and other men who have sex with men. Networks of people living with HIV have also been supported to conduct community dialogues on stigma and discrimination and to work on prevention and treatment services for people who use drugs.

Capacity building courses

Capacity building for health providers and communities has continued throughout the period of the project. The table below shows a large improvement in knowledge and understanding across all subject areas.

Table 13. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 403 Health providers trained Pre-assessment score: 35% Post-assessment score: 71%
Stigma reduction training	Providers trained: 517 Pre-assessment score: 38% Post assessment score: 70%
Stigma workshops for facility managers	No. of participants: 56
Enhanced personal contact	Providers trained: 436 Pre-assessment score: 37% Post-assessment score: 59%
Incentivised care	Providers trained: 436 Pre-assessment score: 37% Post-assessment score: 60%
Scaling up community-led delivered HIV care module	Community educators trained: 30
UNAIDS people-centred 2025 targets	Providers trained: 194
Therapeutic Alliance for Good Health	Providers trained: 166
Health system resiliency	Providers trained: 123

A quality of care survey was completed by 422 people living with HIV in Maputo. It showed that only 32% of respondents could correctly identify the definition of viral load and 75% did not understand the concept of undetectable viral load. Only 32% had received counselling on U=U.

Enhanced personal contact for people living with HIV who have documented inconsistent engagement in HIV care is a focus of IAPAC's capacity building in Maputo. This is part of the city's multipronged initiative to increase male engagement in health and HIV services, including prevention of vertical transmission.

Summary: outcomes and impact

- The FTC Project has brought a new focus on HIV for the city, whereas previously the HIV response was focused at national level, with more emphasis on rural areas.
- Strategic information, including epidemic estimates have improved substantially and are now available for Greater Maputo and informing planning and implementation.
- The Higher Education Initiative has reached over 10 000 young people and its success will inform country-wide implementation in future years.
- The Maputo HIV response is included in Global Fund funding proposals (GF7), which will aid its sustainability.
- A new partnership and Memorandum of Understanding between Maputo and Lisbon will strengthen Maputo's HIV response, particularly in relation to programming for people who inject drugs. It is the first step in a planned collaboration of Lusophone countries on HIV, which will go beyond Mozambique and Portugal.
- The male engagement strategy has contributed to a doubling of male attendance and testing at antenatal appointments between 2019 and 2021.

Data for the treatment cascade were adjusted as a result of strengthened strategic information. Since 2021, the city has had reliable treatment cascade data, which now stands at 88–85–74.

See also
Case study: The Higher Education Initiative (TXEKA JA), Maputo.

Good practices in Annex 1
GP4.8. The Higher Education Initiative (TXEKA JA).
GP4.9. Community dialogues implemented by young people from Kuyakana in Maputo City.
GP6.2. Male engagement in antiretroviral therapy.
GP8.7. Population and location, targeting HIV services.
GP12.2. Quality of care survey among people living with HIV in Maputo: poor understanding of undetectable viral load as a challenge to the U=U message.

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Achievements by city

NAIROBI, KENYA

The city at a glance

Living with HIV	Baseline (2019)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	120 000	**120 000**
No. of youths living with HIV (15–24 years)	12 000	**11 000**
No. of children (<15) living with HIV	8900	**6000**
Estimated new annual HIV infections (all ages)	720	**2000**
Annual new HIV infections among children aged 0–14 years	<500	**<500**
HIV prevalence		
Adults (15–49 years)	4%	**3.2%**
Adolescents (15–24 years)	1.5%	**0.3%**
Female sex workers		**12.8%**
Gay men and other men who have sex with men		**7.6%**
People who inject drugs		**5.1%**
Treatment cascade		
All ages	98–98–98	**98–98–98**
Children (<15 years)	76–76–98	**75–75–98**

Data sources: Kenya HIV Estimates, 2023; Nairobi City County Epidemic Profile, 2023.

Introduction

Nairobi County is the capital of Kenya and one of 47 counties in the country. It has a population of around 5.4 million people with many internal migrants and refugees. Between 50 and 70% of the county's population live in informal settlements.

With an estimated 120 000 people living with HIV, Nairobi has a generalized epidemic with a high prevalence among key populations. Around a quarter of new infections occur among young people under the age of 24 years.

In 2017, an exercise to generate granular data for Nairobi revealed that HIV prevalence was concentrated in four sub-counties with the highest number of informal settlements, and that 46% of new infections occurred among young adults aged 15–24 years. Only a fifth of these new infections were identified. The exercise also showed that HIV services were limited in these areas. This evidence provided a focus for the FTC Project.

Leadership planning and coordination

Nairobi was one of the original signatories to the Paris Declaration in 2014 and city officials, including three successive governors of Nairobi, have demonstrated their commitment throughout the FTC Project. Nairobi was one of the first African cities to receive a Circle of Excellence award for its progress in the HIV response during the Fast-Track Cities conference in Lisbon in 2021.

The FTC Project was integrated in the development of the Nairobi City County AIDS Implementation Plan (2020/2021–2024/2025), which was guided by new strategic information including gaps from Fast-Track Cities implementation. Civil society organizations and other key stakeholders participated in the planning process.

A multisectoral city HIV committee meets annually to review progress and emerging priorities while Technical Working Groups meet quarterly, bringing together all stakeholders working in the city on HIV prevention, care and treatment and strategic information. This coordination process has strengthened the relationship between civil society organizations, the private sector and the city.

Strategic information

Disaggregated data by population and location is the cornerstone of Nairobi's HIV response (the population and location approach). The FTC Project provided technical support for this and for capacity building and development of new tools required to further develop this approach.

In 2019, the FTC Project supported the mapping of and quality assessment of services for adolescents/young people and key populations in the four sub-counties with large informal settlements. The findings were documented and validated by stakeholder meetings attended by health-care workers, adolescents and young people and key populations. Recommendations informed ongoing HIV work in these communities.

Key population hot spots were also mapped, specifically for female sex workers, and this strengthened the delivery of friendly services to these groups. Local administration officers and community advisory boards supported key population interventions and peer educators were allocated in the newly identified hotspots to ensure efficient service delivery to all female engaged in commercial sex.

During the COVID 19 lockdown, the mobility of key populations meant that it was necessary to repeat hotspot mapping to identify clients and enhance service delivery.

The IAPAC worked with county health officials to select key indicators and targets, to publish on the FTC Dashboard. Alongside the 95–95–95 targets and indicators consistent across all dashboards, local stakeholders opted to additionally visualize data on children and youth, geographically disaggregated data by subcounty, and TB-HIV co-infection data.

Civil society engagement

The FTC Project supported enhanced participation by communities in planning, data collection and implementation. This strengthened community ownership and effectiveness of services. During COVID-19, peer educators trained through the FTC Project played an important role in ensuring that people living with HIV continued to access treatment.

New partnerships were formed with community organizations which were directly contracted to mobilize communities and deliver services in the community. For example, Women Fighting HIV and AIDS on Kenya (WOFAK) conducted community dialogues in informal settlements for caregivers of young people living with HIV and key populations.

> *"Sorry to have said that if my son or daughter is a key population, I will throw her away. I have knowledge now and can support her. Thank you, WOFAK."*
>
> *Parent of an adolescent living with HIV*

The county conducts co-creation activities and programme reviews together with the adolescents and young people, and key population organizations. These include Network for Adolescent and Youth of Africa (NAYA), Youth in Action (Y-ACT), SWOP Ambassadors, HOYMAS, BHESP, ISHTAR, and Jinsiyangu.

Improved environment for young people and key populations

Support for a multifaceted intervention has significantly improved HIV services and uptake for adolescents, young people and key populations. Key population and adolescent-friendly services are now integrated into health facilities. This is described in an FTC video and the case study on page 71.

> *"The most significant change has been in mentality and the awareness that key populations are among the communities that we are serving, and they deserve access to services like everyone else—especially given the added vulnerability of some of them being orphans."*
>
> *Health-care worker, Nairobi*

Capacity building courses

Capacity building for health providers and communities has continued throughout the project period. Table 14 shows a large improvement in knowledge and understanding across all subject areas.

Table 14. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 357 Pre-assessment score: 61% Post-assessment score: 72%
Stigma reduction training	Providers trained: 330 Pre-assessment score: 73% Post-assessment score: 78%
Stigma workshops for facility managers	No. of participants: 101
Enhanced personal contact	Providers trained: 180
Incentivized care	Providers trained: 109 Pre-assessment score: 89% Post-assessment score: 95%
Therapeutic Alliance for Good Health	Providers trained: 21
Conversation Map	Peer educators trained: 60
IAPAC–ITPC community peer educator training workshop	Peer educators trained: 16 Pre-assessment score: 63% Post-assessment score: 76%
Data to care	Providers trained: 124
IAPAC–UCSF technical briefing modules	Providers trained: 109 Pre-assessment score: 72% Post assessment score: 83%

Summary: outcomes and impact

- The FTC Project's major contribution to Nairobi's HIV response has been technical support for a population and location approach, which has facilitated targeted support.
- The number of youth-friendly and key population-friendly services in Nairobi County increased from 0 in 2018 to 30 by 2023. (This included support from other partners.)
- The cumulative number of members of key populations newly tested increased by almost 30 times between 2018 and 2021
- The FTC Project has demonstrated that it is possible to engage communities in the HIV response and that their ownership strengthens service delivery and sustainability.
- Nairobi's experience has inspired other Kenyan cities: the Governors of Kisumu, Mombasa, Nakuru and Eldoret have signed the Paris Declaration and the cities have adopted the 'granular level data approach' to guide their city responses. Fast-track meetings that review progress and share lessons are held annually with the five participating cities.
- Nairobi's approach to integrating adolescent and key population services into health facilities is key to the sustainability of gains made during the FTC Project. Integration of Nairobi County HIV plans into Global Fund and PEPFAR activities will also ensure sustainability.
- The city will also advocate for additional domestic resources through the relevant county assemblies. A sustainability and transition roadmap is under development.

The FTC Project has contributed to Nairobi achieving its treatment targets with an improvement in the treatment cascade from 79–99–92 in 2019 to 98–98–98 in 2023.

See also
Video on FTC Project in Nairobi
Case study: Scaling up integrated HIV services for young people and key populations in Nairobi.

Good practices in Annex 1
GP1.5. Nairobi journey towards HIV programme sustainability.
GP3.4. Improving access to HIV services for adolescents and key populations through community approaches.
GP3.5. Going beyond the usual. HIV stories of change.
GP4.10. Scaling up services for adolescents and young people and key populations in health facilities.
GP8.8. Population, location approach with granular data.

Achievements by city

WINDHOEK, NAMIBIA

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	27 000	**22 400**
No. of children (<15) living with HIV		**450**
Estimated new annual infections	1392	**650**
Vertical transmission rate		
HIV prevalence (15+ years)		
Adults (15–49 years)	8.3%	**5.6%**
Adolescents (15–24 years)		**1.6%**
Female sex workers	37.7%	**29.9% (2019)**
Gay men and other men who have sex with men	20.9%	**7.8% (2019)**
Treatment cascade		
All ages	85–89–73 (2019)	**96–98–95**

Data sources: UNAIDS Country Office (Namibia).

Introduction

Windhoek is Namibia's capital and largest city with a population of just under half a million people.

Like other countries in the region, Namibia has a generalized HIV epidemic with higher prevalence in key populations.

Leadership and accountability

Political support to fast track the HIV response is high: the Mayor of Windhoek endorsed the Paris Declaration in February 2015 and subsequently motivated and encouraged other cities in the country to sign and to accelerate their HIV response. The mayor has personally supported a campaign to strengthen male engagement in HIV and health services.

Planning, coordination and partnerships

The FTC Project supported the development of Windhoek's first city HIV plan, the Municipal Council of Windhoek's HIV Strategic Plan 2017–2022. A mid-term review led to a revision of the plan, which was extended to 2023.

The FTC Project steering committee meets monthly and brings key stakeholders together including the city of Windhoek, government ministries, UNAIDS, US Government and civil society organizations. The city's health promotion unit also convenes an annual HIV forum.

New partnerships have been formed with the Walvis Bay Corridor Group, Society for Family Health (SFH), Gender Diversity Movement Trust (RAM), Namibian National Association of the Deaf (NNAD), the Youth Empowerment Group (YEG), African Youth and Adolescents Network (AfriYAN), OutRight Namibia, and other government and civil society organizations.

Strategic information

In Namibia, HIV data and other strategic information on HIV are reported through regional AIDS coordinating committees (RACOC) and compiled at the national level. However, the FTC Project has supported Windhoek to develop a city epidemic profile, which includes HIV data as well as data on gender-based violence and inequalities. This has been useful in identifying gaps which must be addressed in the city strategic plan.

The epidemic profile and the FTC dashboard are also used to advocate for the HIV response, with the city profile now adapted for all 14 regions of the country by the Ministry of Health and Social Services (MoHSS) at the national level

Capacity building on monitoring and evaluation has recently been provided for city staff and civil society organizations to enhance results documentation, monitoring and the development of programme improvement plans, where needed.

Civil society engagement

Civil society organizations are now working in partnership with the City of Windhoek on planning and implementing services. For example, they were engaged in the development and review of the city strategic plan and participate in monthly and quarterly coordination meetings.

The FTC Project supported a partnership between the city and three civil society organizations to improve HIV services and service uptake among key and vulnerable populations, with more than 850 key populations and their partners reached. These include King's Daughter Organization, which provides services for female sex workers; Out-Right Namibia, a leading LGBTI organization and the Namibian National Association of the Deaf. Participants benefited from interpersonal sessions, adherence support groups and capacity building. Over 12 000 condoms were distributed among the key populations and their partners over three years.

These new partnerships have facilitated discussion in the city council itself and have led to a change in the attitude regarding key populations, as well as acceptance of key populations by previously resistant and homophobic public leaders.

Improving the environment for priority groups

A male engagement campaign was launched by the Windhoek mayor and has been a key intervention supported by the FTC Project. It aims to reduce gender-based violence and increase the number of men and boys accessing HIV and health services. It reached 2500 men and boys through seven engagements. The case study on page 88 describes this in more detail.

The FTC Project provided funding for a municipal development programme for adolescent girls and young women that sought to address HIV risk and gender-based violence by providing education and skills. This project is now integrated into the Windhoek Mayoral Trust. In collaboration with the African youth network AfriYAN, social and behaviour change communication initiatives were facilitated for adolescents and young people in Windhoek, with a specific focus on prevention care and support for HIV and gender-based violence, as well as on comprehensive sexuality education for out-of-school youth.

Capacity building courses

Capacity building for health providers and civil society organizations has been provided via online and face to face training throughout the project. Table 15 shows the significant improvement in knowledge and understanding across all subject areas.

Table 15. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 340 Pre-assessment score: 51% Post assessment score: 74%
Stigma reduction training	Providers trained: 145 Pre-assessment score: 76% Post-assessment score: 92%
Stigma workshops for facility managers	No. of participants: 101
IAPAC/UCSF modules	Providers trained: 40
Enhanced personal contact	Providers trained: 30
Incentivized care	Providers trained 65
Conversation Map	Peer educators trained: 65
Scaling up community-led delivered HIV care module	Peer educators trained: 15
IAPAC–ITPC community peer educator training workshop[a]	Peer educators trained: 15 Pre-assessment score: 33% Post-assessment score: 41%
Data to care	Providers trained: 340 Pre-assessment score: 51% Post-assessment score: 74%

[a] The IAPAC training materials will be used at the First Lady's Youth Centre 'Be Free Clinic' to educate young people.

Summary: outcomes and impact

- The main outcome of the FTC Project in Windhoek has been to strengthen relationships between key stakeholders in the city. A new partnership has developed between the city and civil society organizations working on HIV, and between the Ministry of Health and the city.
- The participation of key populations in the FTC Project steering committee has been a vehicle for greater understanding of their needs and human rights.
- The city HIV profile attracted the attention of other municipalities and has now been integrated into UNAIDS support. Profiles are being developed for all 14 regions of Namibia.
- The FTC Project work, for example the male engagement initiative which reached over 2500 men, has been integrated into ongoing city initiatives which the city partially funds.
- Sign language training for health-care workers and law enforcement officers was initiated through the project and now used to advocate for nationwide sign language training for essential services staff.
- In the second quarter of 2023, the FTC Project capacity building courses contributed to a doubling of the number of health providers trained, and enabled the region to reach its training targets.

The FTC Project has contributed to the improvement in the percentage of people living with HIV who know their status from 72% in 2020 to 96% in 2023. The percentage of those diagnosed who are on treatment has risen from 91% to 98% and viral load suppression has risen from 93% in 2020 to 95% in 2023.

See also
Case study: Engaging men and boys in Windhoek.

Good practices in Annex 1
GP2.5. A process of partnerships.
GP4.11. Support for young women/independent girls mentorship programme.
GP6.3. Male engagement in the HIV response.
GP9.9. Clinical mentoring targets in Khomas region, Windhoek.

Achievements by city

YAOUNDÉ, CAMEROON

The city at a glance

Living with HIV	Baseline (2018)	2023
Number of people living with HIV, new infections		
Total number of people living with HIV (+15 years)	80 159	**81 300**
Children (<15) living with HIV	3645	**4731**
Estimated new annual infections	3870	**1715**
HIV prevalence (15+ years)		
Adults (15–49 years) Prevalence	4.4% (CAMPHIA 2017)	**4.5%**
Adolescents (15–24 years)	Data not available	**0.8%**
Female sex workers	21% (IBBS 2016)	**6.5 (2021)**
Gay men and other men who have sex with men	43% (IBBS 2016)	**0.8%**
Treatment cascade		
All ages	86–91–NA (UNAIDS 2020)	**97-95-NA**

Data sources: Naomi estimates 2023 and IBBS 2016.

Introduction

Yaoundé is the capital of Cameroon. With around four million people it is the second largest city in the country after Doula. Yaoundé has seven municipalities or subdivisional councils, each with its own mayor, who has oversight over district health and HIV activities.

Yaoundé has a generalized HIV epidemic with high prevalence among key populations. Both homosexuality and sex work are criminalized in Cameroon, and stigma and discrimination are a barrier to improving service delivery for key populations.

Leadership and accountability

Yaoundé signed the Paris Declaration in 2015, and all seven mayors have supported the FTC Project. They support community mobilization around HIV at special events, such as World AIDS Day, and routinely speak about HIV at the wedding ceremonies they officiate. They have also committed to funding activities in the city HIV implementation plans.

> *"The zero stigma and discrimination targets are critical components for attaining an AIDS-Free generation by the year 2030. We, the stakeholders of the Yaoundé V municipality are engaged towards ending all forms of stigma. The time to redouble our efforts is now, we now have the knowledge and the expert and the expertise, all we need is a joint effort. We are all invited to become stigma mitigation ambassadors for the attainment of this goal. The Fast-Track Cities e-learning platform is open to us to strengthen our capacities. I thus invite all health workers to take these free training modules for a synergistic fight against the stigma and discrimination."*
>
> *Bala Augustin, Mayor of Yaoundé District V*

Planning and coordination

Since 2018, every municipality has created an operational unit to fight HIV, which is formalized by the mayors' decree. Each municipality has also identified an HIV focal point and has developed two-year HIV action plans. The implementing body is the municipality umbrella group, the United Cities and Councils of Cameroon (UCCC).

Overall coordination in the city is achieved through coordination meetings which take place two or three times a year. These are chaired by the National AIDS Council (NACC) and include representatives from the UCCC, focal points of all the municipalities, the ministries of decentralisation and public health and civil society organizations (CSOs).

Strategic information

In 2018, the FTC Project supported the collection of baseline data on the HIV epidemic in all seven districts of the city. The profiles, which were disaggregated by age and gender, showed that HIV prevalence varied considerably across the districts (from 3% to 6%).

Data on HIV testing, prevention of vertical transmission and treatment services were also collected, and key population hotspots mapped. The maps and data were compiled into fact sheets which are regularly updated. These are used to inform city leaders and advocate for the HIV response. They also informed the development and implementation of the two-year HIV action plans for the municipality.

The FTC Project supported the development of a directory that includes contacts for all health facilities and civil society organizations providing HIV services. During the research for this directory, several suboptimal health centres were discovered and reported to district authorities for upgrading or closure.

In 2021, municipality focal points received training on data collection, analysis and reporting. Around 40 representatives from civil society organizations were also trained on strategic information.

Building on the strategic information collected, IAPAC worked with city health officials to select key indicators and targets to publish on the FTC Dashboard. Alongside the 95–95–95 targets and indicators consistent across all dashboards, local stakeholders opted to additionally visualize key population disaggregated data and neighbourhood level data.

Civil society engagement

Civil society organizations participate in the coordination and planning processes described above and this has strengthened community engagement in the city HIV response. Community-based organizations are now understood to play a decisive role in the success of campaigns such as ending paediatric HIV.

Improving the environment for key populations

The FTC Project has worked with the city to identify and address barriers to services and uptake for people living with HIV. For example:

- A partnership with the ministries of social affairs and education offered a nine-month skills development course for 40 young people living with HIV. Graduates received certificates from the mayor and have committed to being ambassadors in their communities.
- The National Network of people living with HIV in Cameroon (RECAP+) were supported to develop a community-led monitoring campaign at health facilities and in the community. It sensitized health workers and people living with HIV to the 2019 abolition of user-fees for HIV treatment services and resulted in an increase in the number of people living with HIV accessing free services from 67% to 87%.
- A workshop chaired by the Ministry of Labour and Social Security reviewed the 2018 political framework for fighting stigmatisation and discrimination against people living with HIV. It was attended by the main trade unions bodies, the NACC, an employers' organization (Groupement Inter patronal du Cameroun, GICAM), as well as technical and financial partners.

The FTC Project has supported the city in its commitment to ending paediatric HIV.

This multifaceted approach was supported by the mayors, and has so far resulted in the identification of 2000 children exposed to HIV (See case study on page 79).

Capacity building

Capacity building for health providers and civil society organizations has been provided via online and face to face training throughout the project. Table 16 shows a large improvement in knowledge and understanding across all subject areas.

Table 16. Capacity building activities and results

Training	Outcomes
Clinical capacity building	Providers trained: 449 Pre-assessment score: 59% Post-assessment score: 61%
Stigma reduction training	Providers trained: 1670 Pre-assessment score: 70% Post-assessment score: 76%
Incentivized care	Providers trained: 3 Pre-assessment score: 58% Post-assessment score: 83%
Enhanced personal contact	Providers trained: 184 Pre-assessment score: 60% Post-assessment score: 83%
Conversation Map	Peer educators trained: 186
IAPAC/UCSF technical briefing	Providers trained: 30 Pre-assessment score: 63% Post-assessment score: 76%
Data to care	Providers trained: 226 Pre-assessment score: 46% Post-assessment score: 79%
UNAIDS people-centred 2025 targets	Providers trained: 122
Uninterrupted HIV service access	Providers trained: 150 Pre-assessment score: 47% Post assessment score: 77%

The multistakeholder survey to synthetize lessons learned from COVID-19 was completed by 131 respondents.

A quality of care survey was completed by 408 people living with HIV. It found that 21% did not understand the term undetectable viral load, and 16% had not had any counselling on U=U in the past 12 months. Of the respondents, 23% reported having felt unwelcome at the health facility and 60% reported having to pay user fees.

Fast-Track Cities Project capacity building has supported high-burden hospitals to reduce stigma and discrimination against people living with HIV and key populations. All facilities have adopted stigma elimination codes of conduct, and most have installed suggestion boxes for patient feedback.

An online training programme for fighting stigma and discrimination in the workplace was developed with the technical support of the Coalition de la Communauté des Affaires pour l'Amélioration de la Santé des Travailleurs (CCA/Santé).

Summary: outcomes and impact

- The mayors and municipalities of Yaoundé are centrally engaged in HIV issues as leaders, planners and decision-makers. This shift, which took place during the FTC Project, has permanently changed the face of the urban response to HIV in Yaoundé and beyond.
- Strategic information is available to guide city planning and implementation. The National AIDS Council is now able to report on the city's response, which was not possible in the past.
- Civil society organizations are recognized as key to reaching treatment and other HIV targets.
- Stigma and discrimination against people living with HIV in health facilities and in the city has diminished due to capacity building and other FTC interventions.
- The FTC Project has influenced other cities across the country and the Ministry of Decentralization and Local Development (MINDDEVEL) has undertaken to identify other municipalities in which to carry out HIV-related activities.
- Lessons learned from the FTC Project experience have been incorporated into the updated National Strategic Plan and the Global Fund concept note, and have guided the response to COVID-19.
- The campaign to end paediatric HIV has identified children missing from routine screening. Out of 400 tested, 60 HIV-positive children have been linked to care.
- The success of the campaign to end paediatric HIV has inspired other cities to undertake similar work, and partnerships have been formed with the national AIDS council, health facilities, heath district directors, civil society organizations and the Centre Region to advance this.
- Mayors have indicated that they wish to provide ongoing funding for the city HIV response.
- The experience of the FTC Project has informed discussions with the Islamic Development Bank around funding fast-track HIV activities in six regions of the country in the form of a multimillion dollar loan.
- The percentage of people living with HIV accessing free HIV services increased from 67% to 87% due to community-led monitoring.

The FTC Project has contributed to an increase in the percentage of people living with HIV diagnosed from 78% to 97% and an increase of those on antiretroviral therapy from 80% to 95% between 2018 and 2022

See also
Case study: The road to ending paediatric AIDS in Yaoundé.

Good practices in Annex 1
GP1.6. Engaging Yaoundé's seven mayors.
GP3.6. Improving quality and equitable access to care through HIV user fee interventions, a community-led monitoring programme.
GP5.4. Achieving national targets to end paediatric HIV.
GP8.9. Seven profiles for seven districts.
GP10.1. Optimizing HIV care and treatment through stigma elimination training and capacity building.

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ANNEXES


A

ANNEX 1

A compendium of good practices

This annex contains a comprehensive collection of case studies, best practices, journal articles, presentations and stories of good practices that have been documented throughout the life of the FTC Project. The good practices are numbered GP 1.1 to GP 12.2, etc., for ease of referencing, and those highlighted in blue provide more detailed examples in the body of the text of Part 2.

Table 17 summarizes the good practices and their outcomes by thematic area and gives references for further reading. Table 18 is a cross-index of good practices by city.

Abbreviations and URLs:

- BP: Fast-Track Best Practices Repository https://www.iapac.org/fast-track-cities/fast-track-cities-best-practices-repository/
- Cities(2019): Cities on the road to success, good practices in the Fast-Track cities initiative to end aids https://www.unaids.org/en/resources/documents/2019/cities-on-the-road-to-success
- Good Practices (2022): Ending AIDS, ending inequalities, Fast-track cities, November 2022 https://www.unaids.org/en/resources/documents/2022/fast-track-cities-recent-good-practices
- Y1(2019): Accelerating the AIDS Response in 10 priority cities, Year One Report

Table 17. Good practices in the cities, by thematic area

	Good practices
1	Political leadership and resource mobilization: GP1.1–GP1.7
2	Planning, coordination and partnerships: GP2.1–GP2.9
3	Civil society/community engagement: GP3.1–GP3.6
4	Adolescents and young people: GP4.1–GP4.14
5	Prevention of vertical transmission and services for children living with HIV: GP5.1–GP 5.5
6	Engaging men and boys: GP6.1–GP6.3
7	Key populations and people living with HIV: GP7.1–GP7.9
8	Strengthening and using strategic information: GP8.1–GP8.10
9	Clinical capacity building for health-care workers and civil society: GP9.1–GP9.9
10	Capacity building for stigma reduction: GP 10.1–GP10.2
11	Impact and adaptations to COVID 19 and conflict: GP11.1–GP11.5
12	Quality of care: GP12.1–GP12.3

Table 18. Good practices, by city

City	Good practice examples	
Blantyre	GP2.1	Planning, coordination and implementation
	GP4.1	Keeping the Dream Alive for adolescents and young people
	GP4.2	Study on intergenerational relationships hampering HIV prevention efforts in adolescent girls and young women
	GP5.5	Integrating quality improvement in HIV (PrEP) programmes
	GP9.1	Capacity building for health-care workers
	GP4.14	Comfort corner: Bridging the gap of love and antiretroviral therapy adherence among youth living with HIV in Blantyre City (FACT)
	GP7.9	Integrating quality improvement in HIV (PrEP) programmes, Blantyre
eThekwini	GP1.1	City ownership and commitment
	GP2.7	Supporting the Children's Sector of the eThekwini District AIDS Council (eDAC)
	GP5.1	No child left behind
	GP4.3	The Inanda Project—community-based to increase uptake of HIV services among adolescents and young people, eThekwini
	GP4.4	Youth Advocates implement programmes for adolescents and young people
	GP 9.2	Impact of Conversation Map training in eThekwini
	GP9.8	People living with HIV lead the way to HIV-related awareness, education and response at the community level
	GP12.1	Evaluation of the test and treat strategy for HIV management in eThekwini
	GP 2.9	Ward AIDS Committees: building community ownership through local leadership, coordination and capacitation
Jakarta	GP4.12	Tanya Marlo, chatbot to provide information and linkages to services for young people/key populations, 2018–2019
	GP8.1	Strategic information drives the HIV response
	GP8.2	Scaling up viral load testing through customization of the National HIV Cohort platform
	GP11.1	COVID-19 innovations to maintain service quality

City	Good practice examples	
Johannesburg	GP2.2	Strengthening coordination of the Johannesburg city AIDS response
	GP2.3	Coordination to accelerate progress towards treatment targets
	GP6.1	Engaging men and boys in Johannesburg
	GP9.3	U=U campaign launched, Johannesburg
Kampala	GP1.7	Leadership and commitment
	GP7.2	Supporting key population in Kampala
Kigali	GP2.4	One plan, many partners
	GP3.1	Community-led response during COVID-19
	GP7.1	Addressing policy, social and structural barriers, for people living with HIV and key populations
	GP9.7	Integration of capacity building modules into Ministry of Health e-learning platform
	GP11.4	Home delivery of antiretroviral therapy and HIV self-testing during COVID-19
Kingston	GP1.2	City ownership and mayoral support
	GP7.4	Stigma-free spaces, Kingston
	GP7.5	Improving services and the environment for people living with HIV in Kingston
	GP7.7	Differentiated HIV, syphilis testing and counselling services for key populations
	GP9.4	Building capacity through online mentoring and training
Kinshasa	GP3.2	Community antiretroviral therapy distribution, PODI
	GP7.6	Campaigning for human rights for people living with HIV
	GP4.5	Contribution of peer educators in services for adolescents and young people living with HIV
	GP5.2	Landela digital platform to enhance paediatric care
	GP7.8	Impact of Alert-Plus, digital app in improving services
Kyiv	GP1.3	Leadership in Action
	GP8.3	Rapid assessment of the drug scene
	GP8.4	HIV Stigma Index 2.0
	GP11.5	Supporting people living with HIV and key populations in times of COVID-19 and conflict

City	Good practice examples	
Lagos	GP1.4	Lagos State Domestic Resource Mobilization and Sustainability: Strategy
	GP2.6	Engaging the private sector to integrate HIV into workplace programming
	GP4.6	Revitalizing the Family Life and HIV Education (FLHE) in secondary schools
	GP4.7	Strengthening support groups for young people living with HIV
	GP4.13	HIV self-testing campaign for adolescents and young people
	GP5.3	Engagement of private health facilities to increase prevention of vertical transmission services
	GP8.10	Mapping and improving youth services
	GP9.5	Increasing awareness about U=U through capacity building of health professionals
	GP10.2	Assessing the health facility HIV-related stigma in the City of Lagos: documenting findings from health faculty administrators' stigma elimination workshop
	GP11.2	COVID-19 contingency plan
	GP11.3	HIV provider perceptions of COVID-19 disruptions in HIV service access in Lagos State
	GP 5.6	The impact of TBAs and mentor mother programme on Lagos City prevention of vertical transmission coverage
	GP 12.3	How do people living with HIV AIDS feel about the quality of care they received amid the COVID-19 pandemic in Lagos, Nigeria?
Lusaka	GP2.8	Mainstreaming the HIV response
	GP3.3	Involvement of community volunteers in prevention of vertical transmission
Lusaka	GP7.3	Identifying and empowering key population and people living with HIV organizations
	GP8.5	Strengthening monitoring and evaluation capacity in Lusaka
	GP8.6	Closing the gaps through evidence generation
	GP9.6	Introducing the Conversation Map in Lusaka, community engagement for U=U messaging

City	Good practice examples	
Maputo	GP4.8	The Higher Education Initiative (TXEKA JA),
	GP4.9	Community dialogues implemented by adolescent and young people from Kuyakana in Maputo City
	GP6.2	Male engagement in antiretroviral therapy
	GP8.7	Population and location, targeting HIV services
	GP12.2	Quality of care survey among people living with HIV in Maputo: poor understanding of undetectable viral load as a challenge to the U=U message
Nairobi	GP1.5	Nairobi journey towards HIV programme sustainability
	GP3.4	Improving access to HIV services for adolescents and key populations through community approaches
	GP3.5	Going beyond the usual. HIV stories of change
	GP4.10	Scaling up services for adolescents and young people and key populations in health facilities
	GP8.8	Population, location approach with granular data
Windhoek	GP2.5	A process of partnerships
	GP4.11	Support for young women/independent girls mentorship programme
	GP6.3	Male engagement in the HIV response
	GP9.9	Clinical mentoring targets in Khomas region, Windhoek
Yaoundé	GP1.6	Engaging Yaoundé's seven mayors
	GP3.6	Improving quality and equitable access to care through HIV user fee interventions: a community-led monitoring programme
	GP5.4	Achieving national targets to end paediatric HIV
	GP8.9	Seven profiles for seven districts
	GP10.1	Optimizing HIV care and treatment through stigma elimination training and capacity building

1. Political leadership and resource mobilization

GP1.1	City ownership and commitment, eThekwini
Summary	The mayor of eThekwini and his office have been actively involved in the HIV response from its inception. For example, they were fully engaged in the Inanda community-based project and, amongst other activities, launched an HIV/AIDS and TB programme aimed at reducing high rates of HIV infection among adolescents and young women in Cato Manor township in October 2021.
Outcome	Political leadership drives eThekwini's HIV response. The city was presented with a Circle of Excellence Award at the 2022 Fast-Track Cities conference in Seville. Mxolisi Kaunda, the Mayor of eThekwini attended the meeting and accepted the award in person.
Read more	UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/durban-2/

GP1.2	City ownership and mayoral support, Kingston
Summary	In 2020, the Government of Jamaica and the Kingston municipality (Kingston and St Andrews Corporation, KSMAC) signed an MOU with UNAIDS, and Fast Track Kingston was launched. This was a historic moment in Jamaica as it marked the first time that a ministry of health and local government formally collaborated at the political level around these kinds of critical issues affecting the population. The mayor and his office went on to support awareness campaigns in the city such as Stigma-free Spaces and Kingston in Red.
Outcome	Due to the commitment of the mayor and municipality, HIV has remained high on the city agenda.
Read more	Case study, page 64 Good practices report (2022), p51.

GP1.3	Leadership in action, Kyiv
Summary	The Mayor of Kiev has played an active part in the city's Fast-Track agenda and was the first in the region to sign the Paris Declaration in 2016. From the start of the FTC Project, the municipal authorities have also been centrally engaged and have worked closely with civil society organizations to plan and implement the city's Fast-Track response. In 2023, the Vice-Mayor of Kyiv participated in a high-level panel at the Amsterdam FTC conference, sharing the city's approach to ensuring universal access to HIV services during the war.
Outcome	In the early years, remarkable progress was made, including a 31% increase in the coverage of rapid HIV testing and the expansion of antiretroviral therapy sites from 3 to 30 sites, contributing to a tripling of people on treatment. This progress was disrupted by the COVID-19 epidemic and the war.
Read more	UNAIDS website story, 2019: https://fasttrackcitiesmap.unaids.org/cities/kyiv/ Video: https://www.iapac.org/conferences/fast-track-cities-2023/

GP1.4	Lagos State domestic resource mobilization and sustainability strategy
Summary	The city's HIV response has been largely donor dependent, but in 2023 the Lagos Domestic Resource Mobilisation and Sustainability Strategy (DRMSS) 2023–2025 was developed. This strategy was collectively designed by consensus of multiple stakeholders in the city. It identifies 12 approaches that will allow the city to tap available funding opportunities with regard to the State HIV programme.
Outcome	The document proposed 12 strategies under five core pillars: public sector mainstreaming; non-public sector financing sources; increasing efficiency and effectiveness of the HIV response; local manufacture of HIV commodities; and improvement of governance of HIV response at all levels.
Read more	ePoster 1459 at the FTC Conference, Amsterdam 2023: https://www.iapac.org/files/2023/10/Fast-Track-Cities-2023-ePoster-Abstracts-Book-FINAL.pdf

GP1.5	Nairobi journey towards HIV programme sustainability
Summary	Integration is a central strategy for the sustainability of Nairobi's HIV programme. Programmatic integration includes integrating adolescent, key population services and combination prevention into health facilities. Integration into Global Fund and PEPFAR activities is a second important approach. The city will also advocate for additional domestic resources through the relevant county assemblies. A sustainability and transition roadmap has been developed.
Read more	Presentation at the FTC Conference, Seville 2022: https://www.iapac.org/files/2022/10/FTC-2022-Case-Study-Nairobi-Anthony-Kiplagat.pdf

GP1.6	Engaging Yaoundé's seven mayors
Summary	The first challenge of the FTC Project in Yaoundé was to ensure that the mayors of all seven municipalities were actively engaged in the HIV response. Briefings were held for newly appointed officials and city fact sheets were provided for each of the municipalities. The mayors have actively participated in the development of the City HIV Strategic Plan and the municipalities have worked to implement it.
Outcome	HIV is now included in municipal plans and budgets and mayors support community organizations and community mobilization. The mayors regularly demonstrate their commitment by integrating HIV information into wedding ceremonies.
Read more	Good practices report (2022), p94. UNAIDS website story: www https://fasttrackcitiesmap.unaids.org/cities yaounde-2/

GP1.7	Leadership and commitment for HIV prevention, Kampala
Summary	An innovative partnership between city leaders, the Kampala Capital City Authority (KCCA), Fast-Track Cities project and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) have led HIV prevention campaigns in the city. The first activation in 2019 focused on HIV prevention and gender equity and gender-based violence, using boda-boda (bicycle taxi) drivers to communicate messages. A two-day campaign, in October 2023, aimed to sensitize and educate young men, and provided self-test kits, testing services, condom distribution and referral to treatment services. Division health education teams have also visited key hotspots, including slum settlements, markets and boda-boda ranks, to sensitize communities about HIV.
Outcome	These campaigns link the city leadership's prior commitment on gender equity with their newer role in HIV. In two days the 2023 campaigned sensitized 10 680 people, tested 2268; linked 23 to care and distributed 59 030 condoms.
Read more	Good practices report (2022), p40. UNAIDS website story https://fasttrackcitiesmap.unaids.org/cities/kampala/

2. Planning, coordination and partnerships

GP2.1	Planning, coordination and implementation, Blantyre
Summary	Blantyre has developed a city-specific strategic plan for HIV for 2021 to 2025, as well as an action plan to implement the strategy. The task force that developed the plan included a wide range of stakeholders from the municipality; communities—including NGOs, civil society organizations and faith-based organizations, representing (among others) people living with HIV and young people; the private sector; UN entities; and international NGOs. The Strategy was led by Blantyre City Council and is aligned with Malawi's National Strategic Plan 2020–2025. It outlines priority HIV interventions and service delivery approaches to be used by all stakeholders as the blueprint for the design and implementation of their own HIV programmes. The Strategy includes a monitoring and evaluation framework to monitor progress, assess impacts and inform modifications.
Outcome	The strategic plan guides implementation by all partners in the city, ensuring coherence and preventing the wasteful duplication of efforts. It is being used to mobilize additional resources for the city's response, and to increase commitment from stakeholders.
Read more	Case study page 66 UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/blantyre/

GP2.2	Strengthening coordination of the Johannesburg city AIDS response
Summary	The FTC Project has had a strong focus on reviving the defunct City of Johannesburg AIDS Council (JAC), which coordinated the work of diverse stakeholders. Preparatory work included the development of a terms of reference for the body, which was formally established by a city resolution in 2018. Later, the project provided support for revitalizing two key sectors in the JAC, the Men's Sector and the Civil Society Forum.
Outcome	The constant turnover of city leadership (six mayors in six years) has meant that the has not yet become fully functional. However, strengthened civil society sectors are now leading the city response.
Read more	Case study, page 63 UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/city-of-johannesburg-metropolitan-municipality/

GP2.3	Coordination to accelerate progress towards treatment targets, Johannesburg
Summary	The FTC Project has supported the South African Department of Health in their Operation Phuthuma strategy. Launched in 2019, it is designed to assess progress on achievements of the HIV response—particularly progress towards treatment targets. In 2022, Nerve Centres (management structures) were established at central and seven subdistrict levels in the city. Weekly data reviews are conducted and communicated to subdistricts every week. Each facility required to present data monthly and indicate where activities can be strengthened. eThekwini also successfully uses this strategy.
Outcome	In its first quarter (January to March 2022), the Nerve Centre approach has facilitated and improvement in the treatment cascade and number of people living with HIV remaining on antiretroviral therapy.
Read more	Presented at the FTC Conference, Seville 2022: https://www.iapac.org/files/2022/10/FTC-2022-Mpefe-Ketlhapile.pdf

GP2.4	One plan, many partners, Kigali
Summary	The City of Kigali Strategic Plan (2018–2023) coordinates the efforts of many HIV implementing partners to meet the following goals: increase the percentage of people living with HIV who know their status; increase voluntary medical male circumcision, increase condom use and reduce vertical transmission. The plan has received support from the mayor of Kigali and three district mayors and contributed towards a reduction in new infections and progress towards the treatment goals. The Kigali cascade now stands at 94:93:91
Outcome	The plan has received support from the mayor of Kigali and three district mayors and contributed towards a reduction in new infections and progress towards the treatment goals. The Kigali cascade now stands at 94:93:91
Read more	UNAIDS website story: https://fasttrackcitiesmap.unaids.org/cities/kigali/

GP2.5	A process of partnerships, Windhoek
Summary	The FTC Project has supported the partnership between the city of Windhoek and three civil society organizations to improve HIV services and service uptake among key and vulnerable populations. These include King's Daughter Organization, which provides services for female sex workers; Out-Right Namibia, a leading LGBTI organization; and Namibian National Association of the Deaf.
Outcome	Clients benefited from interpersonal sessions, adherence support groups and capacity building. Over 12 000 condoms were distributed. These partnerships are ensuring that no groups are being left behind.
Read more	UNAIDS website story: https://fasttrackcitiesmap.unaids.org/cities/windhoek/
GP2.6	**Engaging the private sector to integrate HIV into workplace programming, Lagos**
Summary	The Lagos State AIDS Control Agency (LSACA) has established strong partnerships with 30 key private sector players to promote the integration of Nigeria's National Workplace Policy on HIV/AIDS into workplace planning. The policy aims to protect people living with HIV and promote and ensure respect for their rights. Human resource managers at these organizations receive workplace policy documents for adoption and distribution, and LSCA provides training on the policy. Training includes basic facts about HIV, the rights of people living with HIV and how to response to rights abuses. The Nigerian Business Coalition against HIV/AIDS is also championing the workplace policy.
Outcome	Organizations have been willing to adopt the policy and partners have established on-site sensitization and awareness campaigns.
Read more	Good practices report (2022), p66. UNAIDS website story: https://fasttrackcitiesmap.unaids.org/cities/lagos/
GP2.7	**Supporting the children's sector of the eThekwini District AIDS Council (eDAC)**
Summary	The FTC Project supported the launch of a new children's sector in the eDAC. Sector leaders have been trained on implementing a strategy to improve services for children living with HIV. The children's sector is also working with other sectors who are responsible for creating an enabling environment for these children, including Departments of Health (DoH) social development and education; and other civil society sectors such as women, NGO, people living with HIV and faith. These 'united sectors' are now working together on a towards a common goal.
Outcome	Sectors have a better understanding of issues for children living with HIV and their carers. This has contributed to improved progress towards treatment targets between 2022 and 2023. Diagnosis is up from 80% to 86%; viral load suppression is up from 62% to 70%.
Read more	Case study, page 75

GP2.8	Mainstreaming the HIV response, Lusaka
Summary	Lusaka City established Fast-Track steering and technical committees to coordinate partners working in the city. The committees guide the implementation of the response using strategic information and the expertise of partners, including those from affected communities. These committees are convened by the city of Lusaka and the AMICAALL (Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, Lusaka). The technical committee meets regularly to develop fast-track plans and budgets, and to monitor their implementation. In 2020, an innovations team was established to help the technical committee identify and promote evidence-based community-led initiatives.
Outcome	These committees have had a significant impact on the city's political leadership and management capacity. They have helped civic leaders to understand their own role in the HIV response. They have provided capacity building workshops and orientation organized by the technical committee to the newly elected mayor and 38 ward councillors. One result of these activities was that the city council increased resources for HIV and gender mainstreaming in the city's annual budget by 50% in the first two years.
Read more	Good practices report (2022), p72.

GP2.9	Ward AIDS Committees: Building community ownership through local leadership, coordination and capacitation, eThekwini
Summary	South Africa has adopted the 'Three Ones' principle, meaning there is one action framework or strategic plan for HIV, one coordinating authority and one monitoring and evaluation framework. This is reflected at national and subnational levels. Based on this, eThekwini has worked to establish coordination structures at ward level, which feed into the eThekwini District AIDS Council. Ward AIDS Committees include community leadership (e.g. ward councillors), government representatives from health, and other relevant sectors and representatives from 18 civil society sectors. Training takes place in communities at ward level and includes basic HIV science and skills to profile the community, map partners, plan strategically and report on activities.
Outcome	Two hundred and eighty trainees have been trained from 22 wards (out of 111). Participants, including ward councillors, demonstrated a better understanding of the district role in ending AIDS by 2030 as well as the importance of a multisectoral response.
Read more	Presented at the FTC Conference, Seville 2022. https://www.iapac.org/files/2022/10/FTC-2022-Siyabonga-Nzimande.pdf

3. Civil society/community engagement

GP3.1	Community-led response during COVID-19, Kigali
Summary	The FTC Project supported the Rwandan Network of People Living with HIV/AIDS (RRP+) to develop and operate a toll-free call centre for people to request support during the COVID-19 epidemic. Within two months 321 calls were received from people living with HIV, peer educators, young people living with HIV, female sex workers, health-care workers and others. Most of the issues related to challenges in access to drugs and health care (26%); economic issues and well-being (26%); HIV prevention (20%); human rights (7%); and general information about the call centre and community health support.
Outcome	The call centre played an important role in mitigating the impact of COVID-19 and ensuring the continuity in HIV/AIDS related services. The information collected from the call centre was used to develop an advocacy plan for improved access to services during pandemics. It also facilitated discussions around inclusion of the most vulnerable people living with HIV in the National Social Protection Plan. An important lesson from this intervention is that HIV programmes can make substantial contributions to controlling pandemics and pandemic preparedness.
GP3.2	**Community antiretroviral therapy distribution, PODI, Kinshasa**
Summary	The FTC Project has supported RNOAC, the leading NGO providing support for people living with HIV, to expand an existing programme of community antiretroviral therapy distribution points (PODIs). People stable on this therapy are able to collect refills from PODIs every three months. PODIs are staffed by expert peer volunteers, who weigh and screen clients and refer them to health facilities if needed. Every year they must attend a health facility for more comprehensive screening and testing.
Outcome	By 2020, there were eight PODIs in Kinshasa sites serving 19 140 clients. During COVID-19, PODI became vital for ensuring uninterrupted care.
Read more	Case study, page 70 UNAIDS website story: https://fasttrackcitiesmap.unaids.org/cities/kinshasa/ Good Practice report (2022), page 57
GP3.3	**Involvement of community volunteers in the prevention of vertical transmission of HIV, Lusaka**
Summary	The Lusaka City Council partnered with community volunteers from the Network of Zambian People living with HIV (ZNP+) to increase early antenatal attendance, improve service delivery for pregnant women living with HIV, and to increase male and community engagement in the prevention of vertical transmission programme. The volunteers were trained in preventive techniques and based in five health facilities.
Outcome	By 2022, the volunteers had traced 1265 women who had defaulted on treatment and were brought back into care. Of exposed infants, 95% tested negative at 18 months. This initiative has contributed to a reduction in the vertical transmission rate from 3.3% in 2018 to 2.7% in 2021.

Read more	Presented by the Lusaka Mayor at the FTC Conference, Seville in 2022 https://www.iapac.org/files/2022/10/FTC-2022-City-Case-Study-Lusaka.pdf
GP3.4	**A community approach to improving access to HIV services for young people and key populations in Nairobi**
Summary	The FTC Project supported a leading NGO, Women Fighting HIV and AIDS on Kenya (WOFAK) to build the capacity of caregivers and parents to support young people living with HIV. They conducted community dialogues in informal settlements on topics such as treatment adherence, HIV, sexual and reproductive health and mental health.
Outcome	A total of 960 caregivers, adolescents and key populations participated in the dialogues and a further 1033 were reached through follow-up. The proportion of adolescents and young people and key populations who accessed health-care services in informal settlements in the four targeted subcounties rose from 23% in February 2023, to 30% in September 2023.
GP3.5	**Going beyond the usual. HIV stories of change, Nairobi**
Summary	This tells the story of fast-tracking the HIV response in Nairobi County, with an emphasis on community engagement. It covers work with youth and key populations, prevention of vertical transmission, PrEP, self-testing, gender sensitivity, integrating health services for key populations and many other topics.
Read more	Nairobi Metropolitan Services publication https://fasttrackcitiesmap.unaids.org/wp-content/uploads/2021/04/Nairobi_Stories-of-change.pdf UNAIDS website: https://fasttrackcitiesmap.unaids.org/wp-content/uploads/2021/04/Nairobi_Stories-of-change.pdf
GP3.6	**Improving quality and equitable access to care through HIV user fee interventions: a community-led monitoring programme, Yaoundé**
Summary	In 2019, user fees were abolished for HIV treatment for people living with HIV in Cameroon. There was a need to monitor this policy to ensure that it is applied. The National Network of PLHIV in Cameroon (RECAP+), with support from USAID, UNAIDS and the Government of Cameroon rolled out a nation-wide project, Community Led Monitoring and Advocacy (CLM), for the provision of quality services to people living with HIV which have been free of charge since September 2021. In Yaoundé, 81 health facilities and nine community-based organizations have been enrolled in the monitoring programme. Health workers were trained, and a mobile app was developed to enable the monitoring of this policy, and six community-based organizations provided site monitors at 25 high burden sites.
Outcome	People living with HIV who accessed free services increased from 67% to 87%.
Read more	BP: https://fast-trackcities.org/best-practice/rollout-community-led-monitoring-clm-advocacy-mode Presentation at the FTC Conference, Seville 2022: https://www.iapac.org/files/2022/10/FTC-2022-Landom-Shey.pdf

4. Adolescents and young people

GP4.1	Keeping the dream alive for adolescents and young people, Blantyre
Summary	A five-month peer-led advocacy education and support programme in 2021 aimed to reduce risk behaviour among adolescents and young people. The FTC Project supported an NGO, Forum for AIDS Counselling and Testing (FACT), which used sporting events at colleges and social media to provide information and promote HIV testing. They also trained peer educators and HIV counsellors to provide youth-friendly services at HIV testing centres in Blantyre.
Outcome	The demand for HIV testing increased and two support groups for young people living with HIV were established.
Read more	Good practices report (2022), p15.

GP4.2	Study on intergenerational relationships hampering HIV prevention efforts in adolescent girls and young women, Blantyre
Summary	A study in six institutions of higher learning found that many young women were dating older men, including teachers, and were more concerned about pregnancy than contracting HIV. Out of 620 sexually active young people, 12% were living with HIV and 40% had sexually transmitted infections.
Outcome	This information has fed into the implementation of the Blantyre city plan and will guide implementation. More research will be undertaken into this important driver of HIV infection and possible solutions.
Read more	Presentation: https://www.iapac.org/files/2022/10/FTC-2022-Case-Study-Blantyre-Madalitso-Juwayeyi.pdf

GP4.3	The Inanda Project—community-based to increase uptake of HIV services among adolescents and young people, eThekwini
Summary	The FTC Project supported an NGO, National Association of Child Care Workers (NACCW), to implement a six-month project in Inanda township to improve the uptake of HIV prevention and treatment services among young people. Youth care workers provided services in five clinics and nearly 100 community leaders were trained to promote HIV and TB counselling, screening and treatment education. More than 80 young people were mobilized to support and motivate their peers through youth forums. The eThekwini's mayor and his office were involved in the conceptualization of the project and provided close monitoring throughout its implementation.
Outcome	By the end of the project in September 2021, 2900 young people aged 10–35 years had been reached with HIV services and over 2700 community members were reached with anti-stigma messages about HIV, TB and COVID-19. The project also built strong and lasting partnerships and structures.
Read more	Good practices report (2022), p21

GP4.4	**Youth advocates implement programmes for adolescents and young people, eThekwini**
Summary	The FTC Project supported Youth Advocates to work in selected high burden facilities supporting young people to access comprehensive sexual, reproductive health and HIV services.
Outcome	Anecdotal evidence suggests that HIV and reproductive health services for young people have improved.
GP4.5	**Contribution of peer educators in services for adolescents and young people living with HIV, Kinshasa**
Summary	The Kalembelembe Paediatric Hospital trained peer educators to prepare young people living with HIV to disclose their HIV status and to ensure full disclosure to health-care providers. Initial sessions were conducted virtually, while complete peer to peer disclosure is face to face. The intervention concluded that HIV status disclosure was a key factor in allowing adolescents to accept their HIV status with minimum distress.
Outcome	Young people appreciated the engagement of peer educators, and in a survey of 73 adolescents, none experienced depressive symptoms, in comparison with five whose status was disclosed by health workers or parents and guardians.
Read more	Presented at the FTC Conference, Seville in 2022. https://www.iapac.org/files/2022/10/FTC-2022-Case-Study-Lembe-Virginie.pdf
GP4.6	**Revitalizing the family life and HIV education (FLHE) in secondary schools, Lagos**
Summary	The FTC Project supported Lagos City to revitalize the defunct FLHE programme in the city's public secondary schools. The FLHE curriculum is integrated into basic science and social studies courses for junior secondary students and covers adolescent sexuality and reproductive health. Building the capacity and resources of teachers to deliver this course was crucial to its success. A five-day workshop was held for 38 teachers to become trainers of trainers.
Outcome	The programme cascaded to nearly 10 000 teachers in the 345 junior schools in Lagos, reaching around 400 000 students. It also reached 50 senior secondary schools. The national Minister of Education supported the intervention and FLHE is now being revitalized in other cities.
Read more	UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/lagos/

GP4.7	Strengthening support groups for young people living with HIV, Lagos
Summary	The Massey Children's Hospital was hosting a support group of 40–70 young people living with HIV run by the Association of Positive Youths in Nigeria (APYIN). The FTC Project helped identify the challenges which were hampering attendance and the success of the group. APYIN was supported to engage with hospital authorities to reschedule clinic days on weekends. The project also built the capacity of the executive of APYIN as regards programme management, resource mobilization and community mobilization. Moving support group meetings to weekends resulted in a 40% increase in attendance and the support group is now sustainable.
Outcome	Moving support group meetings to weekends resulted in a 40% increase in attendance and the support group is now sustainable.

GP4.8	The Higher Education Initiative (TXEKA JA), Maputo
Summary	Evidence that young people aged 15–24 years were being left behind in HIV programming led to a pilot project that targeted young adults in higher education. Over 150 peer educators have been trained in in four educational institutions on HIV and health issues, and regular HIV prevention and awareness sessions are held. The programme also offers a full package of HIV and health services via campus clinics. The Higher Education Initiative has received high-level support from the city and the university rectors and was launched in September 2021 by the Minister of Higher Education, Science and Technology and the Minister of Health.
Outcome	■ 28 awareness sessions have been held at the four higher education institutions reaching 230 students. ■ Counselling and testing services have reached. people ■ Over 24 000 condoms have been distributed. ■ One thousand litres of COVID-19 prevention supplies were made available (alcohol gel, sodium hypochlorite and soap) during the COVID-19 epidemic. Not only has the HEI pilot reached 10 000 students, it has also influenced wider programmes and initiatives for young people in the city.
Read more	Case study page 74 Good practices report (2022), p79 UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/maputo/

GP4.9	**Community dialogues implemented by adolescent and young people from Kuyakana in Maputo City**
Summary	The national network of women and girls living with HIV/AIDS (Kuyakana) conducted sessions about experiences of living with HIV, stigma and discrimination and solutions. The dialogues were conducted by trained activists and specifically targeted young people living with HIV aged 15–24 years. In 2022, 14 community dialogues were piloted, conducted and analysed in the city and the province. The analysis enabled identification of key messages around stigma and discrimination that guided next phase of the project. Trainings on stigma and discriminations were conducted and technical support provided for more structured dialogues on other topics. Four face to face dialogues and three WhatsApp groups were held, reaching 58 participants.
Outcome	The initiative created cohorts of empowered adolescents living with HIV. It confirmed that digital social media offers a safe and secure space for debate and dialogue.
GP4.10	**Scaling up services for adolescents and young people and key populations in health facilities, Nairobi**
Summary	A multipronged approach engaged a wide range of stakeholders—including adolescents, health-care providers, community health volunteers, school teachers and parents—to create a safer environment for young people and people from key populations living with or affected by HIV to seek the help they need. The intervention focused on four high-burden sub-counties of Nairobi: Embakasi East, Kamukunji, Langata and Ruraka.
Outcome	The project resulted in health facilities in the four sub-counties becoming much safer spaces for young people and people from key populations to access services in a discreet and dignified way. HIV-related stigma experienced by adolescents, youth and key populations has been noticeably reduced. The number of youth and key population-friendly health in Nairobi County increased from 0 in 2018 to 30 in 2021.
Read more	Case study page 71
GP4.11	**Support for young women/independent girls mentorship programme, Windhoek**
Summary	The FTC Project supported the municipality's development programme for adolescent girls and young women that sought to address HIV risk and gender-based violence by providing education and skills. Young women attended Life Skills Empowerment workshops on sexual and reproductive health and rights, HIV prevention, gender-based violence and other topics.
Outcome	■ 202 vulnerable adolescent girls attended the Life Skills workshops. ■ 25 unemployed and out of school young mothers were trained in crocheting and business skills.

GP4.12	Tanya Marlo, chatbot to provide information and linkages to services for young people/key populations. 2018–2019, Jakarta
Summary	HIV prevalence in Jakarta is highest among young key populations who have little access to accurate HIV prevention information. The FTC Project supported research that showed a high level of digital literacy among young people in the city and that this could be used to convey HIV information in an approachable and friendly format. An interactive mobile application in the form of a chatbot, Tanya Marlo (Ask Marlo), was designed to provide young people with counselling and advice and refer them to HIV services.
Outcome	Within seven months, Tanya Marlo reached more than 3000 people with news and information and more then 400 with counselling. Since its management was taken over by an NGO that works with young key populations, it has offered counselling services in 20 cities across Indonesia.
Read more	Case study page 85 BP: https://fast-trackcities.org/best-practice/tanya-marlo-artificial-intelligence-based-chatbox-reach-out-young-key-population UNAIDS website: https://www.unaids.org/en/resources/presscentre/featurestories/2019/march/20190329_ask_marlo Cities on the Road to Success (2019) page 56 Video: https://www.youtube.com/watch?v=CJNp5QKdCXE

GP4.13	HIV self-testing campaign for adolescents and young people, Lagos
Summary	HIV self-testing is an essential plank in Lagos state's new HIV prevention campaign for adolescents and young people and was designed to run in secondary education and tertiary institutions. The top ten youth organizations developed social marketing strategies and the campaign was launched on World AIDS Day 2020, by the wife of the State Governor. Lagos State AIDS Control Agency also trained 31 Youth Officers from the Ministry of Youth and Social Development on HIV counselling and testing. HIV self-testing kits, HIV information, communication and education materials (IEC) and condoms were also distributed to the 31 youth centres in the State.
Outcome	The baseline data for HIV self-testing in the State was 0 prior to the December 2020 launch of self-testing. Since the launch, the State has recorded the use of over 44 028 HIV oral self-test kits, which accounts for 17.7% of the of non-health sector HIV testing services as of 31 December 2021.
Read more	BP: https://www.iapac.org/fast-track-cities/fast-track-cities-best-practices-repository/

GP4.14	Comfort Corner: bridging the gap of love and antiretroviral therapy adherence among youth living with HIV in Blantyre City (FACT)
Summary	The Forum for AIDS Counselling and Training (FACT) Malawi, a local youth-led organization, established a 'Comfort Corner', a safe space for young people living with HIV. Through peer engagement, Comfort Corner helped to alleviate loneliness, reduce the impact of stigma and promote antiretroviral therapy adherence.
Outcome	Comfort Corner has provided a 'family' for over 500 (5000) young people living with HIV. It is a model that will be expanded to other cities.
Read more	Presented at the FTC Conference, Amsterdam 2023. https://www.iapac.org/files/2023/10/Madalitso-FACTMalawi-Blantyrecit-FTC-2023-Presentation-Template1.pdf ; and Oral abstract 1186 https://www.iapac.org/files/2022/12/Fast-Track-Cities-2023-Oral-Abstracts-Book-FINAL.pdf

5. Prevention of vertical transmission and services for children living with HIV

GP5.1	No child left behind, eThekwini
Summary	A multiyear commitment to finding the children living with HIV missing from treatment and bring them into care has included a range of activities in the city: ■ Research at one clinic to identify key barriers to keeping children living with HIV in care. ■ Establishing and strengthening support groups for people living with HIV. ■ Training of health-care workers and strengthening services and case management at the facility level. ■ Strengthening the multisectorality of the eThekwini District AIDS Committee and establishing a Children's Sector. ■ Building capacity and community awareness.
Outcome	■ Thirteen high burden health facilities have re-established support groups that discuss stigma and other mental health issue. ■ A child-focused declaration, modelled on the Sevilla Declaration, to support the Mayor's initiative for children living with HIV has been developed. ■ Facility staff attribute improved viral suppression to the operation of support groups. ■ The strategy has contributed to improved progress towards treatment targets between 2022 and 2023. Diagnosis is up from 80% to 86%; viral suppression is up from 62% to 70%.
Read more	Case study, page 75 Oral abstract 1299, FTC Conference, Amsterdam. https://www.iapac.org/files/2022/12/Fast-Track-Cities-2023-Oral-Abstracts-Book-FINAL.pdf Presented at the FTC Conference, Amsterdam: https://www.iapac.org/files/2023/10/NoChildLeftBehindpresentationID1299newCMV2.pdf

GP5.2	Landela digital platform to enhance paediatric care, Kinshasa
Summary	The FTC Project supported a local NGO, La Main sur le Coeur, to develop a digital platform to improve HIV services for women and children. The platform uses a unique identifier with fingerprint and QR code and enables digitization of patient files. This strengthens management of antiretroviral therapy stocks, access to services and adherence to treatment. The project also supports 12 peer educators who provide community-based support for adolescents living with HIV.
Outcome	Landela was launched in Kalembelembe Paediatric Hospital where it significantly improved service quality and retention in care. It has now been rolled out in six additional sites in Kinshasa and four other cities in the Democratic Republic of the Congo—Goma, Kisingani, Lumumbashi and Mbuji-mayi.
Read more	Good practices report (2022), p56. UNAIDS website https://fasttrackcitiesmap.unaids.org/cities/kinshasa/
GP5.3.	**Engagement of private health facilities to increase prevention of vertical transmission services, Lagos**
Summary	The FTC Project supported the city to engage private health facilities to provide prevention of vertical transmission services by mapping and visiting 505 facilities; sensitizing stakeholders to improve prevention of vertical transmission services; boost capacity to integrate these services into routine antenatal services; and enhance referral and linkage services for HIV-positive mothers through mentor mothers.
Outcome	In the long term, this intervention is expected to enhance referral and linkage services for HIV-positive pregnant women and HIV-exposed infants, to support effective linkage and retention of all identified HIV-positive pregnant women, and to move further towards the goal of eliminating mother-to-child transmission of HIV.
Read more	Case Study page 78
GP5.4.	**Achieving national targets to end paediatric HIV, Yaoundé**
Summary	The FTC Project supported a national initiative to end vertical transmission of HIV. Since 2023, households across the city have been visited to identify and screen vulnerable children and refer them to services. Epidemiological data for children were also produced and disseminated to local authorities for decision-making and planning.
Outcome	By October, the initiative had reached 2000 children. Of the 400 tested for HIV, 15% were positive and linked to care. Also, 700 children are in the process of being issued with birth certificates which will allow them to benefit from social protection services. The intervention has been extended to other cities.
Read more	Case study, page 79

GP5.5.	The impact of traditional birth attendants and mentor mother programme on Lagos City prevention of vertical transmission coverage
Summary	In the context of high vertical transmission (22%), and a 43% gap in access to formal vertical transmission prevention services, 10 out of 20 local governments in the city piloted a project to reduce vertical transmission of HIV. It provided training for 51 mentor mothers and traditional birth attendants (TBAs) at 31 high volume antenatal community structures. In 2023, an additional 250 TBAs received capacity building in prevention of vertical transmission, HIV testing and referral pathways for HIV-positive pregnant women.
Outcome	Vertical transmission of HIV decreased, 100% of newly positive pregnant women were linked to this programme, child follow-up improved and collaboration between community prevention and orthodox health structures increased.
Read more	Presented at the FTC Conference, Seville 2022. https://www.iapac.org/files/2022/10/FTC-2022-Monsurat-Adeleke.pdf

6. Engaging men and boys

GP6.1	Engaging men and boys in Johannesburg
Summary	A multiyear, multi-faceted strategy aimed to catalyse the participation of men and boys in the AIDS response and reduce gender-based violence. This included support for the Takuwani Riime (Stand Up) Foundation, which has 1600 members in Alexandra township, to conduct a range of campaigns and activities aimed at opening the dialogue on HIV and gender-based violence. Peer mentors visit schools and also support young men who use drugs. A Men's Sector Forum has been established in Johannesburg which aims to reach men and boys. It is a collaboration between the city, UNAIDS and an NGO, Anova. It has resulted in the creation of men-friendly health facilities. Services include behaviour change campaigns, dialogues, men's camps, community training, capacity building and mentorship.
Outcome	■ In 2022, the TR Foundation reached 5500 people in Alex, over 2250 were tested for HIV and those positive were referred to health facilities. ■ A total of 63 578 men and boys were reached between 2018 and 2023.
Read more	Good practices report (2022), p33 UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/city-of-johannesburg-metropolitan-municipality/

GP6.2	Male engagement in HIV care Maputo
Summary	A multifaceted approach aimed to increase male uptake and adherence to antiretroviral therapy and engagement in the prevention of vertical transmission in Maputo This included education and sensitization at health facilities; training of community activists; neighbourhood discussions; workplace activities and discussions with religious leaders.

Outcome	This campaign contributed to a doubling of male attendance and testing at antenatal appointments between 2019 and 2021. Perceptions around paternity, and knowledge of male responsibilities within the health facility and knowledge about gender equity also increased.
Read more	Presented at the FTC Conference, Seville 2022. https://www.iapac.org/files/2022/10/FTC-2022-Maputo.pdf
GP6.3	**Male engagement in the HIV response, Windhoek**
Summary	Windhoek City launched a comprehensive engagement campaign to improve uptake of health services by men and boys (aged 18 years and older). This began with a review to: identify and understand challenges; male engagement sessions to discuss male roles and masculinity; dialogue on gender-based violence; the production and dissemination of behaviour change communication materials; and the delivery of health services targeted to men. City and community leaders took part in health screening to encourage others to participate.
Outcome	The Male Engagement Policy Paper was launched by the mayor at one of the male engagement sessions. Seven engagements reached 2500 men and boys. More than 1000 men and young boys were tested for HIV and referred where necessary to health services.
Read more	Case study, page 88

7. Key populations and people living with HIV

GP 7.1	**Addressing policy, social and structural barriers, for people living with HIV and key populations, Kigali**
Summary	Kigali's five-year HIV strategic plan supports a coordinated response to addressing social and structural barriers that prevent adolescents and key populations from accessing health and social services. Activities have in the FTC Project included: research, capacity strengthening for health workers; training and engagement of law enforcement authorities; and a toll-free line and help desk for key populations to access legal support and referrals; and social and behaviour change campaigns. In 2020, the FTC Project supported an advocacy exercise conducted by the Rwanda Network of People Living with HIV (RRP+) with the Chamber of Parliamentarians on Social Affairs to hold the line ministries accountable on access to stigma free and friendly health services. The project has supported civil society organizations in assessments of the HIV vulnerability of people who inject drugs, people with disabilities and people living in transit centres.
Outcome	Campaigns have reached over 100 000 people in Kigali through social media, print media, television and radio. The results of assessments will influence policy decisions and programming for people in transit centres, people who use drugs and people with disabilities,
Read more	Case study page Good practices report (2022), p45.

GP7.2	The challenge of key population support in Kampala
Summary	A multiyear initiative to increase access to services for key populations in Kampala included population mapping, the development of a mobile app, and other activities. A successful pilot in the Nakawu division entailed delivering PrEP to drop-in centres, outposts and other convenient places. Ten health workers were identified and attached to outposts. Peers also supported direct delivery of PrEP refills.
Outcome	A total of 308 clients were reached with PrEP refills in three months, demonstrating that this is a successful strategy for this population. However, the anti-homosexuality legislation passed in 2023 may present a challenge to this service.
Read more	Case study, page 80

GP7.3	Identifying and empowering key population and people living with HIV organizations, Lusaka
Summary	The FTC Project supported the city to identify 20 key organizations and networks of people living with HIV and members of key populations in wards with high HIV burdens in all seven of Lusaka's constituencies. These organizations were recruited for the social contracting of HIV services and received funding and capacity building.
Outcome	Civil society organizations are implementing high impact interventions in high burden districts and communities in the city.
Read more	Good practices report (2022)

GP.7.4	Stigma-free spaces, Kingston
Summary	This project is supported by the mayor and city authorities and led by the Jamaica Network of Seropositives (JN+). It brings together the city, civil society and the private sector to conduct training at workplaces and organizations committed to ensuring that they are free from stigma and discrimination. These sites are assessed by a staff survey as well as 'mystery shoppers' (clients) who use their services. Once they are certified, they can display a plaque or trophy provided by the programme.
Outcome	Initially, six private and public sector organizations in Kingston committed to ensuring they are free from HIV related stigma and discrimination, and took steps to become certified as 'stigma-free' spaces. On 1 December 2021, Kingston and St Andrew municipality was the first to become certified as stigma-free.
Read more	Case study, page 64 Good practices report (2022), p51 UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/kingston/ https://www.myjnplus.org/uncategorized/kingston-st-andrew-declared-an-hiv-aids-stigma-free-space/

GP7.5	Improving services and the environment for people living with HIV in Kingston
Summary	The FTC Project supported a leading Kingston organization of people living with HIV, Jamaica AIDS for Life (JASL), to improve their counselling and treatment rooms. This included refitting the waiting room to provide comfortable, secluded and safe spaces.
Outcome	The refitted spaces have reduced barriers to services for clients and improved navigation of services. The automated ticketing system provides anonymity, and the installation of a smart TV has enabled the sharing of information and educational resources.
GP7.6	**Campaigning for human rights for people living with HIV, Kinshasa**
Summary	From the start of the FTC Project, it has supported several initiatives and campaigns to raise awareness and promote the human rights of people living with HIV. These include capacity building and human rights training for politicians, office bearers, parliamentarians, religious leaders and people living with HIV and sessions at parliament for revision of the law regarding compulsory disclosure of HIV status.
Outcome	By the end of year one of the FTC Project: ■ Capacity building reached 55 judges, 102 judicial police officers, 97 lawyers and prosecutors, 56 police officers and 104 magistrates. ■ Human rights training had been given to 32 parliamentarians, 25 religious leaders and 24 people living with HIV. ■ Sessions at parliament resulted in the removal of the law that made it mandatory to disclose HIV status prior to sex.
Read more	FTC Year 1 report (2019), p65.
GP7.7	**Differentiated HIV and syphilis testing and counselling services for key populations, Kingston**
Summary	The FTC Project has supported the NGO Ashe to provide innovative and differentiated HIV and syphilis testing and counselling services to key populations, using ICT approaches, optimized case management linkage/access to care and psychosocial support. HIV self-testing is offered as an option to traditional voluntary counselling and testing (VCT).
Outcome	During the reporting period, three social media reels/videos were developed which generated 21 724 views and two social media influencers were engaged at hotspots. A total of 377 kits were distributed through community/outreach-based activities. Three-quarters of the kits were distributed to youths between the ages of 16 and 35 years. Nearly 99% of kits were for personal use and the remainder for partners or close associates

GP7.8	Impact of Alert-Plus, digital app in improving services, Kinshasa
Summary	The FTC Project supported the development of a mobile-based app to report poor services at health facilities, including drug stockouts, poor service and stigma and discrimination. It was launched in May 2023 and 165 people were trained in Kinshasa, Natadi and Kitwit.
Outcome	In the first five months, 17 out of 25 health zones in Kinshasa reported issues. The app has already resulted in a reduction in stock shortages, provided assistance for vulnerable people and support for survivors of gender-based violence. AlertPlus is in the new National Strategic Plan, which means it will be used more widely across the country.
Read more	Case study page 84

GP7.9	Integrating quality improvement in PrEP programmes, Blantyre
Summary	A multipartner collaboration, including IAPAC, addressed poor uptake of PrEP by strengthening quality improvement (QI) structures at district and facility levels in 2021.
Outcome	QI structures and leadership were strengthened, and 88 facility-based QI team members and 44 data officers trained. There was a three-fold increase in the number of facilities integrating PrEP (7 to 21). PrEP initiation over the year increased from 19 clients in March 2021 to 836 by the end of the year. PrEP refusals declined from 45.8% to 12.4% in the same period.
Read more	IAPAC Best Practice Repository: https://fast-trackcities.org/best-practice/integrating-quality-improvement-hiv-programs-pre-exposure-prophylaxis

8. Strengthening and using strategic information

GP8.1	Strategic information drives the HIV response, Jakarta
Summary	Strategic information has been at the heart of the Jakarta HIV response. Support has been provided for epidemic modelling, collecting disaggregated data, developing an investment case, key population mapping, civil society mapping and monitoring, capacity building and communications.
Outcome	The improvement in the collection and analysis of strategic information on HIV has strengthened evidence-based planning in Jakarta. It has also been a valuable advocacy tool and has contributed to an increase in domestic funding for the HIV response in Jakarta, which more than doubled between 2020 and 2022. The Jakarta activities related to strengthening strategic information, including capacity building, have been replicated in 22 other priority districts in Indonesia.
Read more	Case study page 67 UNAIDS website, FTC Project 2023 presentation. Good practices report (2022), p61.

GP8.2	**Scaling up viral load testing through customization of the National HIV Cohort platform, Jakarta**
Summary	Until recently, Indonesia's HIV information system did not have indicators for viral load testing and suppression, making it impossible to report on the 'third 95' even when testing was being done. The FTC Project has engaged with the Jakarta Provincial Health Office and other partners to support an innovation to enable the reporting of viral load data in five areas of Jakarta.
Outcome	100% of facilities are now able to report viral load data.
GP8.3	**Rapid assessment of the drug scene, Kyiv**
Summary	The FTC Project supported the Kyiv City Public Health Centre and the Institute for Social Research to undertake a rapid assessment of the local drug scene. The rapid assessment report, which was completed in January 2021, showed that the number of opiate users had decreased in the previous five years while the use of stimulants had increased. The change in drug use in the city has important implications for harm reduction strategies such as methadone maintenance therapy and needle and syringe exchange.
Outcome	Key findings were presented to city stakeholders and will guide future strategy and planning.
Read more	Good practices report (2022), p61. UNAIDS: https://fasttrackcitiesmap.unaids.org/cities/kyiv/
GP8.4	**HIV Stigma Index 2.0, Kyiv**
Summary	The FTC Project supported 100% Life, the Ukraine National Network of People Living with HIV, to undertake a study on stigma and discrimination. They adapted the GNP+ global Stigma Index methodology to produce the first city-level stigma index for people living with HIV. The data suggest that there is an urgent need for additional programmes for people living with HIV. Over half (56%) reported high levels of self-stigma and nearly a third (32%) of those receiving antiretroviral therapy had interrupted treatment in the previous year, even before COVID-19 disrupted treatment access.
Outcome	The Kyiv People Living with HIV Stigma Index data serve as a baseline for monitoring stigma and discrimination in the city and will guide future programming.
Read more	Good practices report (2022), p61. UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/kyiv/
GP8.5	**Strengthening monitoring and evaluation capacity in Lusaka**
Summary	In 2019, Lusaka City established the first ever monitoring and evaluation unit in its Planning Department. This has the capacity to collect and analyse HIV data. Staff from the M&E Unit and Planning Department have been trained in the use of programme, secondary and census data; estimation models; the different sources of health and HIV data; and data analysis.

Outcome	The city now has the capacity to produce strategic information for decision-making and to track progress in the implementation of the city's Fast-Track Action Plan. The unit also works to build partnerships with other organizations that collect key data.
GP8.6	**Closing the gaps through evidence generation, Lusaka City**
Summary	The Lusaka City Monitoring and Evaluation Unit and FTC Project Innovation Team worked together to develop an innovative solution to generating spatial data for the city. Previously, the reporting of routine 95–95–95 data was limited by a mismatch between Lusaka's political administration structures, and health facility information management system. The new strategy involved triangulating and analysing secondary data (clinic, data, survey data, population census) and disaggregating it by sex, age and location.
Outcome	This innovative model presents an alternative method for estimating granular subdistrict level data. It has allowed HIV incidence, prevalence, antiretroviral therapy coverage and viral load estimates at ward level.
Read more	Case study page 69 UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/lusaka/
GP8.7	**Population and location, targeting HIV services, Maputo**
Summary	Strategic information for Maputo City's HIV response was complicated by the fact that its administration includes nearby areas of Matola and Marracuene (greater Maputo). In addition, there is a lot of movement between the three areas for work, and inevitably for accessing HIV services. To address these challenges, in 2021, Maputo conducted a major data exercise to create a more reliable picture of its HIV epidemic. Provincial-level epidemiological data were merged allowing the city to generate more robust HIV data. Correction factors were applied to adjust for previous over-estimation of service coverage in the city and under-estimation in the province.
Outcome	Corrected estimates showed antiretroviral therapy coverage of 80% in Maputo Province and 78% in Maputo City. These estimates have been used to develop strategic information products to support policy-makers in taking evidence-based strategic decisions. These include 'know your HIV epidemic' and 'know your HIV prevention response' profiles and analysis, as well as geographical information system (GIS) maps of prevention facilities.
Read more	UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/maputo/

GP8.8	Population, location approach with granular data, Nairobi
Summary	In 2017, Nairobi City County began a process to generate granular data to understand its epidemic and response. All health facilities offering HIV and tuberculosis services in the county (from public, private and NGOs) were mapped, and data were collected and analysed. The findings were then presented through geospatial mapping and graphics. The exercise showed that 60–70% of Nairobi residents live in some 200 informalsettlements concentrated in four sub-counties. HIV prevalence in these areas was almost double that of the whole of Nairobi (12% versus 6.1%). The informal settlement of Kibera was home to the highest number of people living with HIV, with HIV prevalence between 15% and 16%. The analysis also showed that 46% of new infections occurred between young adults (ages 15–24 years), but only around one-fifth of these new infections were identified in 2016. Viral suppression was also lowest in these groups and in key populations.
Outcome	The granular data enabled an analysis of barriers and bottlenecks to service delivery and recommendations for action to address key challenges. This has guided programme implementation, which has focused on reaching those in highest burden areas.
Read more	Cities on the Road to Success (2019), p40-41. UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/nairobi/

GP8.9	Seven profiles for seven districts, Yaoundé
Summary	In 2018, baseline data were collected for all seven of Yaoundé's districts and an epidemiological profile was created for each one. The profiles, which were disaggregated by age and gender, showed that HIV prevalence varied considerably across the districts, from 3% to 6%. Data on HIV testing, prevention of vertical transmission and treatment services were also compiled, and key population hotspots mapped. The maps and data were compiled into fact sheets which are regularly updated.
Outcome	The data informed the development of the Yaoundé City Action Plan 2018–2020, which was launched and validated at an event chaired by the minister of Public Health and attended by all seven district mayors and other stakeholders.
Read more	Cities on the Road to Success (2019), p38–39.

GP8.10	Mapping and improving youth services, Lagos
Summary	The FTC Project supported the Lagos State AIDS Control Agency to map community structures and services for young people. A total of 36 structures were identified, of which 27 were functional. The map and report were disseminated in the form of a directory to youth networks and organizations, implementing partners and other relevant civil society organizations. The city also produced leaflets, posters, booklets, and stickers to promote HIV prevention services among young people and key populations. These were disseminated to 31 of the structures.

Outcome	Uptake of HIV testing services by young people increased as a result of this intervention. Around 27 000 adolescents and young people received HIV services in the 27 functional facilities.
Read more	UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/lagos/

9. Clinical capacity building for health-care workers and civil society

GP9.1	Capacity building for health-care workers, Blantyre
Summary	The IAPAC capacity building modules on clinical care, complemented by stigma reduction modules, have been available to city health workers throughout the FTC Project. Doctors, nurses and administrators were targeted, and training was face to face. Facility stigma indexes were assessed, and stigma reduction plans were generated. Information, education communication materials on codes of conduct and client and health worker rights were also distributed to facilities.
Outcome	Health authorities have welcomed the training, and the capacity building modules are now available on the MoH dashboard and have been integrated into the Nurses and Midwives Council curriculum. Health worker attitudes have improved, and their clinical capacity has increased. This capacity building has contributed to a significant improvement in the treatment cascade data. For example, in three years, the percentage of people living with HIV diagnosed has increased from 85% to 98%, and the percent of such people diagnosed and on antiretroviral therapy has increased from 88 to 98 %.
Read more	Case study page 90

GP9.2	Impact of Conversation Map training in eThekwini
Summary	The Conversation Map is an interactive poster designed to describe an individual's journey with HIV, aiming to keep people in care and achieve U=U. It is accompanied by factual cards and is designed to be played like a game with people living with HIV. Over 350 individuals from support groups, health facilities and the children's sector of the eThekwini District AIDS Committee were trained on how to use it.
Outcome	Of the 160 people living with HIV and facilitators surveyed after the training, 91% said they had a better understanding of their situations and were willing to achieve U=U, and 95% felt that they had the tools to manage their health. Participants felt empowered, and over 99% felt that this exercise would be useful in their ward.
Read more	Case study page 92 Presented at the FTC conference, Amsterdam 2023. https://www.iapac.org/files/2023/10/FTC2023PresentationUtilizationofConversationMapCRSZonke.pdf

GP9.3	U=U campaign launched, Johannesburg
Summary	In July 2023, the city of Johannesburg launched a U=U campaign in the city. The launch was attended by the Executive Mayor, Cllr Kabelo Gwamanda, and a member of the Mayoral Committee of Health, Cllr Ennie Makhafola as well as UNAIDS and NGO representatives. The campaign was promoted through mass communications, including logo development, information, education and communication materials and a mobile billboard with key treatment and prevention messages. Monitoring tools were developed, along with a 12-month rollout-plan drawn up in association with the Johannesburg People Living with HIV, Youth and Men's Sectors.
Outcome	A total of 76 health promotion officers were trained to roll out the City of Johannesburg treatment literacy campaign and U=U campaign in communities and within health facilities. Over 300 clinicians across 50 health facilities in Johannesburg were also trained as part of the online enhanced personal care module. During these workshops, it emerged that health-care workers had very little knowledge about U=U, which became a topic of key interest. The training of trainers was also conducted with representatives from eight civil society organizations.
GP9.4	**Building capacity through online mentoring and training, Kingston**
Summary	In Kingston, the IAPC capacity building and other training modules are delivered through a pre-existing platform, ECHO, which has been in use since 2017. The modules are also accessible on tablets and smart TVs. Selected modules have been adapted for consistency with the Jamaican HIV treatment guidelines. Two additional modules requested by the Ministry of Health are HIV and the Pharmacist, and Quality Improvement. Capacity building workshops have also been held for community organizations in collaboration with the ITCP. Peer educators have been trained on the Conversation Map and community-led HIV care. Twenty-eight community peer educators have also been trained as trainers to cascade patient education into affected communities.
Outcome	Data for numbers of providers and community members accessing the training, and their pre-and post-assessment scores, are available on page 134 (Kingston page). The ECHO learning platform has been handed over to the Ministry of Health and Wellness to ensure its sustainability. Health-care workers will be motivated to make use of the training provided through the platform, as it will be linked to the requirement for Continued Medical Education (CME).
Read more	UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/kingston/ Cities on the Road to Success (2019) page 48

GP9.5	**Increasing awareness about U=U through capacity building of health professionals, Lagos**
Summary	Capacity building for health-care workers has highlighted the importance of U=U, and they have been able to communicate this message effectively to their patients and to reduce stigma and fears related to HIV transmission.
Outcome	U=U messaging has contributed to a reduction in the proportion of patients lost to follow-up, with re-engagement numbers increasing from 4146 in 2020 to 8363 in 2022. Addressing issues related to HIV treatment interruption and continuing to strengthen efforts to re-engage those people who had been lost to follow-up has contributed to an improvement in the number of people who are virally suppressed in Lagos, from 59 152 in 2020 to 84 148 in 2022.
GP9.6	**Introducing the Conversation Map in Lusaka, community engagement for U=U messaging**
Summary	One hundred community health workers currently living with HIV were trained using the Conversation Map, which is an innovative educational method using interactive group participation to empower people living with HIV to become actively involved in managing their health. The tool was designed to facilitate group conversation on HIV management, and the path towards attaining long-term viral load suppression.
Outcome	A focus group discussion and post-evaluation showed that 95% of the participants considered the Conversation Map superior in its effectiveness when compared to other ways they have learned about their health (i.e. educational materials, the internet, pamphlets in the mail, etc.). All trainees strongly agreed they had a better understanding of U=U messaging. In addition, 95% strongly felt they had the appropriate tools to manage their HIV and general health.
Read more	Poster at the FTC conference, Amsterdam 2023: ePoster 1380. https://www.iapac.org/files/2023/10/Fast-Track-Cities-2023-ePoster-Abstracts-Book-FINAL.pdf
GP9.7	**Integration of capacity building modules into Ministry of Health e-learning platform, Kigali**
Summary	Rwanda has successfully incorporated the specialized training modules developed by IAPAC into the Ministry of Health's nationwide e-learning platform, extending accessibility to training materials beyond the confines of Kigali.
Outcome	Initially aimed at 23 health facilities in the City of Kigali, this initiative has significantly broadened its reach. Currently, staff at over 500 health facilities across the country can access these training courses. The training modules now form an integral part of continuing professional development (CPD). This means that health-care providers must complete the courses to renew their annual practice licences.

GP9.8	People living with HIV lead the way to HIV-related awareness, education and response at the community level, eThekwini
Summary	eThekwini municipality has prioritized support for people living with HIV leadership of the community response. This includes training of Ward AIDS Committees, funding for revitalization of support groups and adherence clubs and training of traditional health practitioners and treatment literacy. Much of this training is accomplished by skilled leader-trainers living with HIV.
Outcome	Leaders from the group of people living with HIV are fully skilled and confident to talk about what it means to live with HIV, lead discussions around epidemiology, HIV prevention and infection and stigma and discrimination. All of the zones already trained have requested follow-up training from experienced people living with HIV. The Department of Social Development has requested leader-trainers from among people living with HIV to train NGOs.
Read more	Presentation at the FTC Conference, Seville 2022. https://www.iapac.org/files/2022/10/FTC-2022-Case-Study-eThekwini-Malakoane-Nthabiseng.pdf

GP9.9	Clinical mentoring targets in Khomas region, Windhoek
Summary	Khomas, the region, in which Windhoek is based, has a quarterly target for clinical capacity building for providers working in antiretroviral therapy facilities. It specifies that 100% of providers should be trained through a combination of site by site mentoring, off-site training, and/or distance learning. The training included facility managers, health extension workers, nurses, pharmacists, and doctors. It covered basic topics in HIV, PrEP, PEP, stigma, discrimination, and adherence to antiretroviral therapy.
Outcome	In the third quarter of 2023, training coverage in 13 facilities increased from 50% to 100% due to the FTC Project capacity building programme. The Khomas Regional Health Directorate welcomed FTC Project's contribution to this achievement.

10. Capacity building for stigma reduction

GP10.1	Optimizing HIV care and treatment through stigma elimination training and capacity building, Yaoundé
Summary	Stigma elimination training was rolled out in over 70 high caseload facilities in the city for more than 800 participants. Four hundred health workers and facility managers were also trained in capacity building modules and 150 administrators trained in data to care, enhanced personal contact (U=U) and uninterrupted services.
Outcome	Stigma elimination codes of conduct were adopted in all facilities and most facilities installed suggestion boxes for patient feedback. These trainings have contributed to an increase in the percentage of people living with HIV diagnosed and on treatment between 2018 and 2022: ■ Diagnosis increased from 78% to 97%. ■ Antiretroviral therapy initiation increased from 80% to 97%.

GP10.2	**Assessing the health facility HIV-related stigma in the City of Lagos: documenting findings from health faculty administrators' stigma elimination workshop, Lagos**
Summary	A workshop was held for managers and administrators of 74 health-care facilities in Lagos. A ten-question Stigma Index scorecard was filled out and results analysed.
Outcome	■ 19% of health facilities achieved near stigma-free status. ■ 45% of facilities reported that more than half of their core HIV staff were trained in the delivery of HIV services. ■ 30% of facilities reported having policies and procedures in place to register and address complaints related to stigma and discrimination. ■ 34% of facilities reported evidence of community engagement in promoting stigma-free HIV prevention and care.
Read more	Case study page 92 Presented at the FTC Conference, Seville 2022: https://www.iapac.org/files/2022/10/FTC-2022-Helen-Olowofeso-1.pdf

11. Impact and adaptations to COVID-19 and conflict

GP11.1	**COVID-19 innovations to maintain service quality, Jakarta**
Summary	The COVID-19 epidemic catalysed innovative approaches that helped to maintain and further improve access to HIV services. These include community-led research on disruptions to HIV treatment and advocacy for additional funding and interventions. Other innovations included multi-month dispensing of antiretroviral medicines and a courier system for medicines and viral load samples. For health-care workers, innovations included the introduction of weekly WhatsApp technical advice sessions organized by the Provincial Health Office.
Outcome	Coverage of viral load testing and antiretroviral treatment increased and home-based delivery reduced costs. Retention, adherence and viral load suppression improved.
Read more	UNAIDS website: https://fasttrackcitiesmap.unaids.org/cities/jakarta/ Presented at virtual FTC conference, 2020: https://www.iapac.org/files/2020/09/Widyastuti.pdf IAPAC Best Practice Repository: https://fast-trackcities.org/uk/best-practices

GP11.2	COVID-19 contingency plan, Lagos
Summary	Prior to the lockdown, health facilities and 180 community pharmacies were stocked up with antiretroviral therapy medicines for ease of refill for clients, using a hub and spoke model. The community pharmacies served as spokes while the health facilities served as hubs. HIV clients with less than a two-week supply of drugs were actively tracked and recalled for drug refills at the pharmacies nearest to them. The multimonth drugs refill strategy (two–three month drug refills) was adopted during the period to minimize clients visit to the hospital and reduce their exposure to COVID-19. NGOs were engaged to support the 24 000 key populations currently on treatment. They transported antiretrovirals to client's homes and neighbourhoods. The collection of viral load samples from eligible clients was done through the dry blood spot (DBS) method, and samples were transported to the PCR centres in the city for testing. Emergency relief was also provided to essential health service providers working to roll out the contingency plan. These included personal protective equipment and psychosocial support to address the mental health issues associated with the COVID-19 pandemic.
Outcome	Up to 91% of the total number of eligible clients were reached with antiretroviral refills before and during the lockdown through the intervention. The total number of eligible clients for viral load testing/sample collection was 16 140 and the number of samples collected was 11 640 within the lockdown.
Read more	IAPAC Best Practice Repository: https://fast-trackcities.org/best-practice/devising-contingency-plan-lagos-avert-covid-19-impact-city%E2%80%99s-hiv-and-aids-response
GP11.3	**HIV provider perceptions of COVID-19 disruptions in HIV service access in Lagos State**
Summary	A cross-sectional study was conducted in Lagos State in 2022 among 85 HIV care providers in health facilities to assess perceptions of HIV and related service disruptions during the COVID-19 pandemic.
Outcome	Providers reported moderate and or severe disruptions in: ■ HIV testing services (reported by 80%). ■ Linkage to care after diagnosis (70%). ■ Viral load testing (60%). ■ New initiation of antiretroviral therapy (58%). ■ Retention on antiretroviral therapy (54%). The top three reported causes of disruptions were: medical staff diverted to COVID-19 emergency (88%); staff shortages due to illness or quarantine (83%); and cancellation or postponement of outpatient clinic visits (82%).
Read more	Presented at the FTC Conference, Seville 2022. https://www.iapac.org/files/2022/10/FTC-2022-Helen-Olowofeso.pdf

GP11.4	**Home delivery of antiretroviral therapy and HIV self-testing during COVID-19, Kigali**
Summary	The FTC Project supported the network of people living with HIV and the Rwanda Biomedical Centre to develop interventions to ensure uninterrupted access to HIV serviced during the COVID-19 lockdown. A toll-free number was available to people who required HIV testing and access to antiretroviral therapy. In response to calls, peer educators from the network could pick up drugs and test kits at the nearest health centre and deliver them to people in their homes.
Outcome	By the end of March 2021, 1790 people living with HIV had received antiretroviral therapy at home through this intervention.
Read more	IAPAC Best Practice Repository: https://www.iapac.org/fast-track-cities/fast-track-cities-best-practices-repository/

GP11.5	**Supporting people living with HIV and key populations in times of COVID-19 and conflict, Kyiv**
Summary	The COVID-19 pandemic and the war in Ukraine have catalysed new strategies to support people living with HIV and key populations. NGOs have become key in maintaining services including arranging transport to health facilities and providing adherence support. Multi-month dispensing of antiretroviral therapy and opioid substitution was rapidly adopted along with virtual consultations. During the war, the FTC Project has also worked with the leading NGO, 100%Life, to safeguard food security and provide psychological support for people living with HIV in Kyiv, including those that have fled from other regions in the war (internally displaced persons).
Outcome	No person missed treatment during COVID-19. Humanitarian support included: ■ 45 466 packages of food delivered. ■ HIV-positive internally displaced persons supplied with 15 177 vouchers with a total value of more than US$ 205 000 from the WFP and UNAIDS. ■ Hygiene products provided to 70 HIV-exposed children, including 30 who received baby boxes. 100% Life also delivered enhanced psychological support to 800 internally displaced persons, brought back into care and connected with community and government social protection system. New partnerships have been established between municipalities and government, humanitarian missions and projects.
Read more	Case Study page 86

12. Quality of care survey

GP12.1	Evaluation of the test and treat strategy for HIV management in eThekwini
Summary	In 2022–2023, local investigators implemented IAPAC's FTC Project quality of care survey, covering 564 respondents in eThekwini. The survey employed an observational design and targeted people living with HIV in 30 high volume health-care facilities in eThekwini. Respondents were divided into four groups according to the recency of their HIV diagnosis (less than one year, one to four years five to nine years, more than ten years. The data obtained from the survey were used to assess the implementation consistency of the test and treat policy, which was adopted in South Africa in 2016.
Outcome	The survey found that: ■ 59.2% had their first clinical visit on the day of their diagnosis. ■ 54.4% were initiated onto antiretroviral therapy on the same day of their diagnosis. It concluded that while there had been improvements over time regarding first clinic visit and antiretroviral therapy initiation after diagnosis, the test and treat policy was not being implemented for many patients.
Read more	Presented at the FTC Conference, Amsterdam: https://www.iapac.org/files/2023/10/FTC-2023-PresentationSomaPillayv2.pdf

GP12.2	Quality of care survey among people living with HIV in Maputo: poor understanding of undetectable viral load as a challenge to the U=U message, Maputo
Summary	The quality of care survey was conducted with 422 people living with HIV in Maputo. The data were analysed to assess the understanding of the concept of U=U and the extent of counselling on U=U in the city.
Outcome	The survey showed that only 32% of respondents could correctly identify the definition of viral load and 75% did not understand the concept undetectable viral load. While 89% had received counselling on HIV transmission and 96% had received counselling on the importance of adherence, only 32% had received counselling on U=U.
Read more	Presented at the FTC conference, Amsterdam 2023 https://www.iapac.org/files/2023/10/TC2023Presentation1347QoCSurveyinMaputo110923FTC2023PresentationTemplatev2.pdf

GP 12.3	How do people living with HIV and AIDS feel about the quality of care they received during the COVID-19 pandemic in Lagos, Nigeria?
Summary	This study aimed to assess the perception of quality of care among people living with HIV in Lagos, Nigeria, and identify factors influencing their perceptions. The study was a descriptive cross-sectional survey conducted between December 2020 and March 2021 among 578 people living with HIV drawn from various health-care facilities in Lagos where HIV care and treatment services were provided. Data were collected through pretested questionnaires and analysed.
Outcome	About 83% of the respondents had a good attitude toward their HIV medication, and 95.5% had a good perception of the quality of care they received. People living with HIV with higher education, skilled, or professional occupations and higher monthly income had a significantly higher perception of quality of care compared to others.
Read more	J Int Assoc Providers of AIDS Care: August 2023 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10467289/

ANNEX 2

Sources

1. Interviews

- UNAIDS Fast-Track Cities project Focal persons in Blantyre, South Africa, Jakarta, Kampala, Kigali, Kingston, Kinshasa, Kyiv, Lago, Lusaka, Maputo, Nairobi, Windhoek, Yaoundé.
- IAPAC Country Programme Officers in Blantyre, eThekwini, Kigali, Lagos.
- UNAIDS and IAPAC project leaders.

2. Publications

- Accelerating the AIDS Response in 10 priority cities, Year One Report, 2019.
- Cities on the road to success, good practices in the Fast-Track cities initiative to end aids, UNAIDS, 2019 https://www.unaids.org/en/resources/documents/2019/cities-on-the-road-to-success
- Rapid review to take stock of the Joint UNAIDS-IAPAC Fast-Track Cities Project, 2020. https://www.unaids.org/sites/default/files/media_asset/Fast-Track%20Cities%20project%20review.pdf
- Ending AIDS, ending inequalities, Fast-track cities, UNAIDS, November 2022.
- https://www.unaids.org/en/resources/documents/2022/fast-track-cities-recent-good-practices
- Fast-Track Cities project Bi-annual Reports, 2018–2023
- IAPAC Best Practices Repository, https://www.iapac.org/fast-track-cities/fast-track-cities-best-practices-repository/

3. Websites

- IAPAC Fast-Track cities. https://www.iapac.org/fast-track-cities/
- UNAIDS Fast-Track Cities. https://www.unaids.org/en/cities

Acronyms and abbreviations

AMMICAAL	Alliance of Mayors and Municipal Leaders on HIV and AIDS in Africa
CPO	Consultant Programme Officer (IAPAC)
IAPAC	International Association of Providers of AIDS Care
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LSACA	Lagos State AIDS Control Agency
MAT	Medication-assisted treatment
NAC	National AIDS Commission
NSP	National Strategic Plan (HIV)
OAT	Opioid agonist therapy
PEPFAR	US President's Emergency Plan for AIDS Relief
UN-Habitat	United Nations Human Settlements Programme
USAID	United States Agency for International Development


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