

FAST-TRACK CITIES: UPDATE 2015

Progress report on implementing the Paris Declaration
on Fast-Track cities Ending the AIDS Epidemic

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INTRODUCTION

Cities are at the forefront of global efforts to end the AIDS epidemic as a public health threat by 2030. Since 26 cities endorsed the Paris Declaration on Fast-Track cities: Ending the AIDS Epidemic (the Paris Declaration) on 1 December 2014, more than 190 urban leaders have pledged to take swift, concrete action to Fast-Track their local AIDS responses. Signatories of the Paris Declaration come from every region of the world and their municipalities vary widely in size. They include very large cities in the Global South, such as Bangkok, Lagos, Mumbai and Santiago, smaller cities such as Blantyre, Jamaica and N'Djamena, suburbs and communities in several countries, including Côte d'Ivoire, Cameroun, Zambia and Senegal and European, and North American cities, such as Amsterdam, Athens, Atlanta, Bucharest, Denver, Geneva and San Francisco.

Launched only a year ago, Fast-Track cities has rapidly taken root and grown. This is the first annual update on progress in implementing the Fast-Track cities approach and it supports one of the seven key commitments contained in the Paris Declaration. This report reflects on the actions taken by cities and by the four core partners—the city of Paris, UNAIDS, the United Nations Human Settlements Programme (UN-Habitat) and the International Association of Providers of AIDS Care (IAPAC)—towards ending the AIDS epidemic as a public health threat by 2030. Future reports will illustrate good practices and quantifiable evidence of progress that will inspire and inform Fast-Track cities and the many stakeholders helping to confront AIDS as a health and development challenge.

This report briefly describes the genesis of the Fast-Track cities approach, notes key events over the past year and describes how cities are putting Fast-Track approaches into place. The report highlights specific examples of city leadership and innovation, illustrates their priorities, and summarizes some lessons learned over the past 12 months with respect to local actions to end the AIDS epidemic.

As the examples in this report demonstrate, Fast-Track cities serves as a unique platform to strengthen leadership and accountability, advance innovation, disseminate lessons learned, and promote model programmes to Fast-Track urban AIDS responses.

CITIES ARE CRITICAL TO ENDING THE AIDS EPIDEMIC AS A PUBLIC HEALTH THREAT

Since the early 1800s, the proportion of the world's population living in cities has grown from 2% to more than 50% (1). It is estimated that 60% of the global population will live in cities by 2030, with 90% of urban growth in the coming decades likely to occur in low- and middle-income countries (1). By 2030 a majority of people in every region will live in urban areas, including in Africa and Asia, which are currently the least urbanized regions (1).

The steady trend towards urbanization will influence virtually every facet of human endeavour in the coming years, including the global movement to end the AIDS epidemic as a public health threat by 2030. Towards this aim, the world has embraced a series of Fast-Track Targets for 2020, including that 90% of people living with HIV should know their status, 90% of people who know their HIV-positive status should receive treatment and 90% of people on treatment should have suppressed viral loads (90–90–90 treatment target).

The Fast-Track Targets also call for the reduction in new HIV infections and for the elimination of HIV-related stigma and discrimination. Achieving the Fast-Track Targets will reduce the annual number of new HIV infections from an estimated two million in 2014 (2) to fewer than 500 000 by 2020 and to fewer than 200 000 by 2030. Reaching the Fast-Track Targets could avert 28 million new HIV infections by 2030—including 5.9 million infections among children—and prevent 21 million AIDS-related deaths (2).



Fast-Track Targets

by 2020

90-90-90

HIV Treatment

500 000

New HIV infections or fewer

ZERO

Discrimination

by 2030

95-95-95

HIV Treatment

200 000

New HIV infections or fewer

ZERO

Discrimination

Modelling by UNAIDS indicates that the period to 2020 presents a fragile opportunity to lay the foundation for ending the AIDS epidemic as a public health threat by 2030. This underscores the urgent need for immediate action and front-loaded investments (2). If the world fails to build on the gains made in the AIDS response over the past 15 years, then the epidemic is likely to rebound.

Several key principles underpin the Fast-Track approach. To Fast-Track the AIDS response requires ambitious targets and transformative shifts at all levels, including: an intensified focus on the locations and populations most affected; acceleration in scaling up the response to achieve saturation coverage in high-priority locations and populations; and a willingness to reorient responses to prioritize the most effective approaches and to stop doing what does not work. At all times, efforts to Fast-Track the AIDS response must be grounded in a human rights approach.

To a large extent, the outcome of the global effort to end the AIDS epidemic will be determined by what happens in cities. Globally, 200 cities account for about a quarter of all people living with HIV, with 156 of these cities found in the 30 countries that together account for 89% of all new HIV infections (1). In total, 83% of all people living with HIV currently reside in Africa and Asia, where the trend towards urbanization is most pronounced. In addition, HIV prevalence in most countries in sub-Saharan Africa is higher among urban dwellers than among rural residents (1).

Cities have a unique role to play in ending the AIDS epidemic, as urban areas are centres and drivers of economic and educational opportunity, innovative problem-solving, accessible service delivery (for health, social and protection needs) and inclusive and participatory approaches to governance. Cities also offer a critical opportunity to reach populations that are often left behind by the AIDS response, including women, young people, gay men and other men who have sex with men, migrants (including those affected by civil conflict and other humanitarian emergencies), people who inject drugs, sex workers and transgender people.

Yet, seizing this “urban advantage” does not occur on its own, as cities are often typified by growing inequalities and by uneven distribution of essential services. In many cases, city life may also facilitate or encourage risk-taking, underscoring the need for proactive measures that simultaneously leverage the opportunities that cities offer, address structural factors that increase vulnerability and provide residents with the means to protect themselves from becoming infected with HIV and to live healthy and stigma-free with HIV.

In late 2015, UN-Habitat and UNAIDS released a joint report, *Ending the urban AIDS epidemic: the advantage of cities* (1). That report explores the challenges and potential of cities in the AIDS response and is designed to increase awareness of the critical urban dimension of the epidemic. It highlights key actions that cities need to take to end the AIDS epidemic and describes how local AIDS responses can serve as a model for addressing other health and development challenges.

FAST-TRACK CITIES ARE TAKING ACTION TO END THE AIDS EPIDEMIC

The launch of the Paris Declaration highlighted the powerful, yet often underused, potential of cities to dramatically accelerate progress in the AIDS response. On World AIDS Day 2014, the city of Paris, UNAIDS, UN-Habitat and IAPAC co-hosted an event to launch the Fast-Track cities approach. Leaders from 26 cities around the world participated in the event and signed the Paris Declaration.

In signing the Paris Declaration, cities make seven key commitments:

1. Ending the AIDS epidemic as a public health threat in cities by 2030 and reaching ambitious goals by 2020.
2. Putting people at the centre of the AIDS response.
3. Addressing the underlying causes of risk, vulnerability and HIV transmission.
4. Using the city AIDS response for positive social transformation and building societies that are equitable, inclusive, responsive, resilient and sustainable.
5. Building and accelerating an appropriate response to local needs.
6. Mobilizing resources for integrated public health and development.
7. Uniting as leaders, working inclusively and reporting annually on progress.

The Paris Declaration places cities at the forefront of the Fast-Track approach. At the Paris meeting, city leaders emphasized the importance of eliminating stigma and discrimination, which they determined to be one of the greatest challenges to make progress against their local epidemics. Attendees at the Paris meeting also noted the need to ensure that local responses serve mobile populations, including those living beyond city limits. The Paris Declaration reflects the importance of inclusive and strategic partnerships to accelerate progress towards ending the AIDS epidemic.

Fast-Track cities recognize the importance of developing local responses based on the active, continuous and meaningful engagement of people living with HIV. Fast-Track cities was launched 20 years after another milestone in the AIDS response—the historic Paris AIDS Summit, where world leaders and communities signed a set of principles for the greater involvement of people living with HIV (the “GIPA principles”) (3).

Although the Paris Declaration focuses specifically on the role of cities in addressing the AIDS epidemic, the Fast-Track approach has the potential to be a pathfinder for addressing other health and development challenges at the local level. In adopting a Fast-Track local AIDS response, Fast-Track cities are providing valuable lessons relevant to a broad range of difficult problems with which cities are presently grappling.

From commitment to action: building a worldwide movement

The Paris Declaration has achieved worldwide attention and galvanized others to become Fast-Track cities. What began a year ago as a statement of commitment by 26 cities has since grown into a strong global movement.

Signatories to the Paris Declaration are not only engaging their own cities in a Fast-Track AIDS response but also demonstrating leadership across their countries and beyond. Current Fast-Track cities have actively engaged in recruiting their urban counterparts around the world, supporting efforts to forge a globally coordinated strategy with locally tailored and led responses. At the Fourth World Summit of Mayors and Leaders from Africa and of African Descent, held in Accra, Ghana, in June 2015, the President of Ghana, John Dramani Mahama, urged mayors from Africa, the Caribbean, Latin America and North America to sign the declaration, arguing that AIDS “lies at the core of our economic and social development efforts”. During that summit, civic leaders, administrators and civil society leaders engaged with UNAIDS, IAPAC and other partners to actively explore how to take their commitments forward. Similarly, the Mayor of Douala, an inaugural signatory of the Paris Declaration, organized an additional 18 mayors to sign the Paris Declaration, including cities with more than one million inhabitants, such as Yaoundé. A similar approach was taken when the Governor of Abidjan encouraged 33 mayors from across Côte d’Ivoire to sign the Paris Declaration. In Senegal also, the Mayor of Dakar mobilized 14 of his peers to sign the declaration. Other countries in Western and Central Africa (including Togo and Benin) are following these examples: in Zambia, the Mayor of Lusaka engaged more than 50 additional municipal leaders to commit their support.

Examples of cities with Fast-Track action plans for the AIDS response

Abidjan, Côte d'Ivoire
Accra, Ghana
Algiers, Algeria
Amsterdam, Netherlands
Bangkok, Thailand
Cotonou, Benin
Curitiba, Brazil
Dar es Salaam, United Republic of Tanzania
Douala, Cameroon
East Delhi, India
eThekweni (Durban), South Africa
Jakarta, Indonesia
Johannesburg, South Africa
Kingston, Jamaica
Libreville, Gabon
Lilongwe, Malawi
Lomé, Togo
Lusaka, Zambia
Mumbai, India
Nairobi, Kenya
Quezon City, Philippines
San Francisco, United States of America
Tshwane (Pretoria), South Africa
Yaoundé, Cameroon

Implementing Fast-Track in cities

Although Fast-Track cities aims to galvanize action in all cities across the world, the approach is focused specifically on accelerating responses in high-burden cities. It also provides a platform for cities with a longstanding commitment of responding to HIV, such as Amsterdam, Paris and San Francisco, to share their experiences and expertise with other cities. Work is under way at the country and regional levels to translate city commitments into action and to ensure that cities have the tools and support needed to advance their responses. UNAIDS, IAPAC and other partners are providing Fast-Track cities with technical support to organize consultations, generate data from diverse health information systems and conduct capacity-building exercises for city stakeholders in relation to efforts to optimize outcomes across the HIV care continuum.

Fast-Track cities are developing strategic action plans to convert their commitments into concrete results. These plans will drive progress, unite diverse stakeholders in a common undertaking, permit a strategic assessment of partners' comparative advantages and promote accountability in the response. With technical support from international partners, several cities are planning city-wide consultations aimed at convening stakeholders to develop consensus around the Fast-Track Targets, including the 90–90–90 treatment target and prevention and stigma elimination targets.

In May 2015 representatives of 13 cities met in Mumbai, India, with UNAIDS, its Cosponsors, IAPAC and other Fast-Track cities partners to share their experiences and identify innovative actions that could be applied to their context to scale up local responses. The cities developed 18-month action plans to convert commitments into Fast-Track actions. The sharing of plans, challenges, achievements and perspectives among the 13 cities attending the meeting generated new ideas for strengthening city actions to respond to the HIV epidemic. Several cities began exploration of possible twinning partnerships between cities in other regions and it was suggested that communities of practice be established to support efforts of Fast-Track cities. Mechanisms for ensuring swift and widespread dissemination of information and best practices among Fast-Track cities were also explored.

In June 2015, with the involvement of key officials, organizations, associations and institutions involved in the local AIDS community, IAPAC and the City of Paris co-hosted a consultation with stakeholders throughout the city and the larger Île-de-France region, which resulted in the creation of subgroups to support and strengthen HIV testing, prevention and treatment efforts, including viral load suppression.

Consultations and other Fast-Track cities meetings have provided opportunities for cities that are considering joining the network, to bring together diverse stakeholders to discuss how the approach may augment their current response. In June 2015, IAPAC and Public Health England co-hosted a meeting in London, United Kingdom, to introduce the Fast-Track cities approach. The meeting facilitated a dialogue among stakeholders who had not previously collaborated to forge a more coordinated conversation on London's AIDS response.

Similarly in November 2015, the city of Kigali, with support from UNAIDS and IAPAC, in partnership with the Rwanda Biomedical Centre, hosted a high-level advocacy meeting to evaluate current progress and refocus responses to advance the Fast-Track cities agenda to end Kigali's AIDS epidemic.

The Fast-Track agenda in Bangkok, Thailand, has resulted in a new partnership among Thai Government agencies, civil society organizations, men who have sex with men and international partners to undertake a major HIV awareness and testing campaign focused on key populations. Adopting the Fast-Track approach, Casablanca, Morocco, is implementing the nationally-revised treatment guidelines to offer treatment to all people living with HIV in order to expedite progress towards the 90–90–90 treatment target. San Francisco, as part of its HIV strategy, has convened a diverse local consortium to develop and implement a local road map to end the AIDS epidemic. Vancouver, through its own success in significantly lowering new HIV infections and AIDS-related deaths due to early implementation of a test-and-offer treatment model and primary HIV prevention for key populations, has demonstrated the feasibility of ending the AIDS epidemic as a public health threat (4).

Abidjan: a city on the move towards ending the AIDS epidemic

In Western Africa, the city of Abidjan in Côte d'Ivoire is applying the principles of the Fast-Track approach to make progress on its pledges in the Paris Declaration. Abidjan used an inclusive process to develop a broadly shared plan to Fast-Track its local AIDS response.

With the aim of improving the strategic impact of the local response, Abidjan has mapped key locations for HIV transmission and is intensifying outreach and testing promotion, including home testing, for key populations. Health and community workers are being sensitized to improve the provision of high-quality, relevant, non-discriminatory services to marginalized groups.

Abidjan's Fast-Track response recognizes the pivotal role of civil society. The city is intensifying support for community mobilization and partnering with civil society organizations to deliver essential services, including outreach, testing and linkage to care.

Increasing knowledge of HIV status is a critical pillar of Abidjan's local action plan. The city has implemented a policy change to provide routine information on HIV prevention and to offer confidential HIV tests to all individuals who apply for marriage licences. In addition, financial support is being provided to community- and school-based health centres to strengthen HIV programming for young people.

The leaders also committed US\$ 1 million from the city's own resources to the HIV response.

Scaling up evidence-informed, rights-based responses to achieve the Fast-Track Targets

The limited geographical scale and greater population density in urban areas potentially allow for greater service access among residents. In addition to public sector service sites, cities are home to academic centres and robust private sectors, which can make important contributions to service delivery. Cities are also laboratories for innovation with regard to the delivery of essential health and social services.

The Fast-Track cities approach is encouraging cities to intensify efforts to bring essential services to scale. Specifically, this includes efforts to expand testing, promote timely initiation of antiretroviral therapy and sustain retention on antiretroviral therapy, to strengthen prevention efforts and to address stigma and discrimination while ensuring access to rights among all populations.

The World Health Organization released new HIV treatment guidelines in September 2015 recommending the immediate provision of treatment for all people living with HIV and Pre-Exposure Prophylaxis (PrEP) for people at higher risk of HIV infection (5). In addition, IAPAC released its *Guidelines for optimizing the HIV care continuum for adults and adolescents* (6), a key resource that cities can use to enhance high-impact and evidence-informed HIV programmes throughout their respective care continua.

Cities are uniquely positioned to develop locally designed and led strategies that respond directly to the needs of vulnerable and key populations within the urban context. Through the concerted efforts of mayors, city governments, affected communities, public health officials, health-care providers and other relevant stakeholders, Fast-Track cities aims to overcome the barriers that impede efforts to scale up prevention, testing, treatment, care and support for people at higher risk of HIV infection and people living with HIV in a rights-based and equitable manner.

Strategic focus on high-impact settings and populations

The Fast-Track cities approach calls for priority to be given to the rapid scale-up of programmes in the settings and populations where impact is likely to be greatest. In addition to reaching people most in need of services, this approach also enhances the health and economic returns on HIV investments. In addition, the Fast-Track approach requires steps to strengthen and fully leverage data systems to permit more effective targeting of services.

With support from international partners, several Fast-Track cities are taking steps to improve the collection and analysis of strategic data. For example, Abidjan and Douala have mapped transmission locations to inform programme

planning and resource allocation, Algiers is working with national AIDS authorities to develop a detailed epidemiological profile of the city, Libreville is undertaking a situation analysis for HIV treatment, Accra plans to intensify outreach to epidemic key locations and Maputo is prioritizing HIV prevention for young people, especially adolescent girls and children.

Fast-Track cities are also addressing the needs of children and adolescents, who too often have been left behind by the *response* (7). Twenty-three Fast-Track cities are prioritizing the elimination of new HIV infections among children by 2015 and keeping their mothers alive and 30 are participating in the platform All In to #EndAdolescentAIDS (8). City action to address the needs of children is giving rise to innovations such as a pioneering telemedicine initiative at the Paediatric Centre of Excellence for HIV Care in Mumbai, while in São Paulo a programme for high-risk young people reached more than 1500 adolescents with HIV testing for the first time.

Paris leads for France

The City of Paris is a core partner in Fast-Track cities and was the first signatory of the Paris Declaration in 2014. Under the leadership of Mayor Anne Hidalgo, Paris has established the “Parisian Committee to attain the 90-90-90 target”. Chaired by Deputy Mayor for Health, Bernard Jomier, and with the support of IAPAC, the Parisian Committee has organized consultations and workshops with local stakeholders to develop a city-wide and regional strategy that will be launched in the spring of 2016.

HIV incidence in Paris is four times higher than the national rate. Eighty seven per cent of new HIV infections between 2011 and 2014 occurred among men who have sex with men and migrant populations from sub-Saharan Africa (9). The Parisian Committee is leading efforts to strengthen the local AIDS response for these key affected populations. A series of meetings have been held on topics including key affected populations, strategic communications and monitoring and evaluation. Further consultations will follow. Mindful of the Denver Principles articulated in 1983, the committee promotes an inclusive approach through the proactive involvement of affected communities and people living with HIV.

In developing its strategy, Paris has already identified three major issues: translating complex information into clear messages and disseminating them in a timely and focused manner to relevant stakeholders; locating key affected populations and bringing services to them; and providing sustained and broader support to affected individuals, regardless of their HIV status.

Political commitment is evident

The Paris Declaration has catalysed strong political leadership. In Algiers, for example, the Mayor and the Minister of the Interior have played important roles in strengthening commitment to the AIDS response and to broader social development. City leaders in Lubumbashi, Democratic Republic of the Congo, report that ownership of the local Fast-Track agenda has been decentralized, while the approach has generated the first-ever convention of all stakeholders at the local level in the response. In Maputo, Mozambique, the Mayor and his team have displayed strong vocal commitment to move the Fast-Track agenda forward. Stakeholders in Libreville, Gabon, report that the approach has helped to rejuvenate the national AIDS committees, prompting them to identify key barriers in the response and to agree on a national action plan to overcome key challenges.

City leaders, caregivers and communities from Amsterdam visited their counterparts in San Francisco in an effort to share concrete programmatic best practices, as did Paris with their Amsterdam counterparts. Paris stakeholders also visited caregivers and communities in and around London as part of discussions aimed at London becoming another Fast-Track city; during this visit, parties shared best practices in the development of a renewed strategy for Paris.

Fast-Track cities can serve as a platform for mobilizing essential resources for the response. Abidjan, Dar es Salaam and eThekweni (Durban) report that the local private sector is contributing resources to support implementation of the Fast-Track agenda. In the Democratic Republic of the Congo, the provincial assembly has approved resources to support Lubumbashi's Fast-Track approach. In Zambia, Lusaka is contributing city resources for the response.

Kingston Fast-Tracks Jamaica's response

In December 2014 the Mayor of Kingston and Saint Andrew signed the Paris Declaration and committed to achieve the 90–90–90 treatment target by 2020. During the same month, the Council signed a Fast-Track 90–90–90 resolution.

Kingston and Saint Andrew parishes account for nearly a quarter of the Jamaican population. The metropolitan area is also one of two high-prevalence regions in the country, accounting for a disproportionate share of people living with HIV in Jamaica (10). Many people living with HIV belong to marginalized groups of key populations.

On her return from the Fourth World Summit of Mayors and Leaders from Africa and of African Descent in May 2015, the Mayor of Kingston and Saint Andrew convened a meeting of stakeholders to discuss Kingston's AIDS response. Together with the Ministry of Health, the Mayor has forged strategic partnerships for a Fast-Track

response to end the AIDS epidemic in the most affected parishes in Jamaica and, in particular, to boost efforts to achieve the first “90” (ensuring 90% of people living with HIV know their HIV status). Fifty councillors from Kingston and Saint Andrew were sensitized to the Fast-Track approach and their role as community leaders towards ending the AIDS epidemic in Jamaica. Councillors focused mostly on addressing stigma and discrimination towards people living with HIV.

The Mayor of Kingston is represented in the national Fast-Track Technical Working Group chaired by the Jamaican Ministry of Health and convened by UNAIDS. The working group is currently focused on HIV testing in high-prevalence parishes of Kingston and Saint Andrew and in Saint James (Montego Bay).

Fast-Track cities are leading from the front

The Fast-Track cities approach has attracted support from diverse cities with a wide range of challenges and resources. Whatever the profile of the AIDS epidemic, each city has recognized the multiple issues that drive vulnerability to new HIV infections and threaten adequate, equitable and quality access to HIV prevention, testing, treatment and care services. HIV remains a key health issue for major cities, including in industrialized countries, and requires responses that are adapted to the needs of vulnerable people and key populations.

Many of these cities are well placed to end the AIDS epidemic through municipal resources or as part of the national response, but will also benefit from an accelerated, focused and more inclusive programme. In turn, they can provide inspiration and lessons learned to other Fast-Track cities. Owing to their size and influence nationally and internationally, these “leadership cities” are also helping to raise the profile of the Fast-Track cities approach. Such cities range from Atlanta and San Francisco in the United States of America, to Mumbai in India, Jakarta in Indonesia, Buenos Aires in Argentina and Amsterdam, The Netherlands and Brussels in Belgium.

San Francisco demonstrates ambition

San Francisco today is almost unrecognizable to people who lived through the HIV epidemic during the 1980s and early 1990s. When HIV treatment first became available, San Francisco embraced it as a life-saving response. Clinicians, researchers, public health officials and the community led efforts to improve treatment and prevention services in the city and beyond. They worked together to establish a continuum of care for the estimated 16 000 people living with HIV in 2013, many now aged over 50 years. On World AIDS Day 2014, the San Francisco Department of Public Health launched its Getting to Zero initiative, which called for “Zero HIV infections, zero HIV deaths and zero HIV stigma”.

In February 2015, Mayor Edwin Lee of San Francisco signed the Paris Declaration, committing San Francisco as the first city in North America to join the network of Fast-Track cities. Since joining Fast-Track cities in February 2015, San Francisco has actively engaged in collaboration and sharing of best practices with other cities. San Francisco hosted the H-Team from Amsterdam, similar to San Francisco's city-led Getting to Zero committee, to exchange information and collaborate on working to further address issues in their respective cities. Diane Havlir from San Francisco also shared best practices on a panel discussing current opportunities and challenges to attain the 90–90–90 treatment target in United States settings at a technical Fast-Track cities and national HIV strategy consultation hosted by the White House, IAPAC and UNAIDS in November 2015.

Sharing best practices and lessons learned

Networking and knowledge-sharing is an important element of the Fast-Track cities approach. It has become clear that the sharing of experience and lessons learned between Fast-Track cities, especially those with similar socioeconomic profiles and jurisdictional structures, has influenced local action. This sharing of information and perspectives appears to have contributed greatly to the dissemination and uptake of innovative strategies and programmes.

Partners in Fast-Track cities are actively collaborating and working with cities to engage in new partnerships and to share best practices. Many cities have existing twin-city arrangements for social and cultural reasons. Fast-Track cities offers an additional opportunity to develop linkages among cities of the Global South and with cities in the GlobalNorth to actively work together on their AIDS responses and share evidence and good practices. As part of these efforts, IAPAC is guiding twinning partnerships for cities based on existing arrangements and similarities in jurisdictional structure.

Cities share their experiences

Fast-Track cities are developing and implementing action-focused road maps to reach the Fast-Track Targets. They are using these initial road maps as a basis to engage with a wider network of city-wide stakeholders in developing city-specific action plans.

Before signing the Paris Declaration, a team of local clinicians—the H-Team—was established in the city of Amsterdam. Eager to leverage the Fast-Track cities global platform and collaborate with other Fast-Track cities, the H-Team visited San Francisco in April 2015 and Paris in June 2015 to share best practices around the 90–90–90 treatment target.

In July 2015 the AIDS Impact conference held a session entitled “Eliminating HIV transmission on a city level: the tales of three cities”. Co-chaired by UNAIDS and the Academic Medical Center of Amsterdam, the session explored how Amsterdam, San Francisco and São Paulo are pursuing zero new HIV infections and AIDS-related deaths. Drawing on lessons learned, this round-table discussion examined city-wide health policies, innovative prevention and access to testing, care and treatment programmes.

The 2015 summit on Controlling the HIV Epidemic with Antiretrovirals, hosted by IAPAC in partnership with UNAIDS, AIDS Healthcare Foundation and the city of Paris, included a panel on “Fast-Track cities: focusing on urban HIV epidemics to attain the 90–90–90 treatment target”. In this panel, city health officials and clinicians from three Fast-Track cities—Abidjan, Bangkok and Paris—discussed their current AIDS responses and assessed what more needed to be done to attain the 90–90–90 treatment target in their respective cities.

In collaboration with the White House Office of National AIDS Policy, IAPAC and UNAIDS co-hosted a technical consultation in November 2015, bringing together city, county and state health departments from around the United States. The consultation promoted coordination of the United States national response, as outlined in the national HIV/AIDS strategy, with the global Fast-Track cities approach. During this consultation, participants discussed challenges and shared best practices regarding a variety of topics, including HIV financing, scaling up effective programmes and improving data monitoring and evaluation systems.

BUILDING ON EARLY PROGRESS

Cities around the world need to build on the powerful momentum associated with Fast-Track cities to lay the foundation for ending the AIDS epidemic. More cities are encouraged to join the global Fast-Track cities movement, to develop and fully implement clear action plans for expedited progress in the response and to ensure that monitoring, evaluation and reporting systems are in place to assess progress and impact. Consistent with the Fast-Track principles, local Fast-Track responses need to be inclusive, optimally strategic, carefully focused, results-driven and grounded in human rights.

Much progress has been achieved in the first year of Fast-Track cities, but much remains to be done. Initial feedback from cities indicates gaps in strengthening prevention and stigma reduction efforts. In addition, there are significant gaps in data generation efforts, with very few cities having up-to-date and complete data on prevention efforts, testing, antiretroviral therapy initiation and viral suppression levels. Resources are often allocated inefficiently among a multitude of dispersed activities and need to be focused more strategically towards the effective implementation of high-impact programmes.

Core partners in Fast-Track cities plan to engage and provide support for a broad range of city-level activities, including in the areas of process and oversight, programme implementation, community mobilization, monitoring and evaluation, communications and resource allocation. Activities include:

- Support for advocacy, stakeholder (including civil society) dialogue, coordinating consultations and other meetings.
- Technical assistance to develop and implement action plans.
- Technical assistance for monitoring, evaluation and data reporting.
- Resource mobilization.
- Development of a global web portal with city-specific dashboards to monitor progress against indicators and serve as a global communications tool.
- Training on HIV continuum of care optimization based on the *IAPAC guidelines for optimizing the HIV care continuum (6)*.
- Stigma and discrimination sensitization activities for health-care providers.

Additionally, by early 2016 cities will have access to an online technical package, including technical documents such as meeting agendas, city organizational charts, action plan templates, communications materials and fundraising templates.

Early results from Fast-Track cities are extremely positive, with evidence indicating that cities from every region of the world are leveraging the approach to review and redesign their local AIDS responses. Progress in the areas of strengthening HIV prevention, testing and treatment, and tackling HIV-related stigma and discrimination while involving civil society and communities in the HIV response is providing the means to make dramatic reductions in new HIV infections and AIDS-related morbidity and mortality, while significantly improving health and development outcomes. Such progress, if embedded within a human rights approach, can enable a future in which new HIV infections and AIDS-related deaths are increasingly rare.

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