

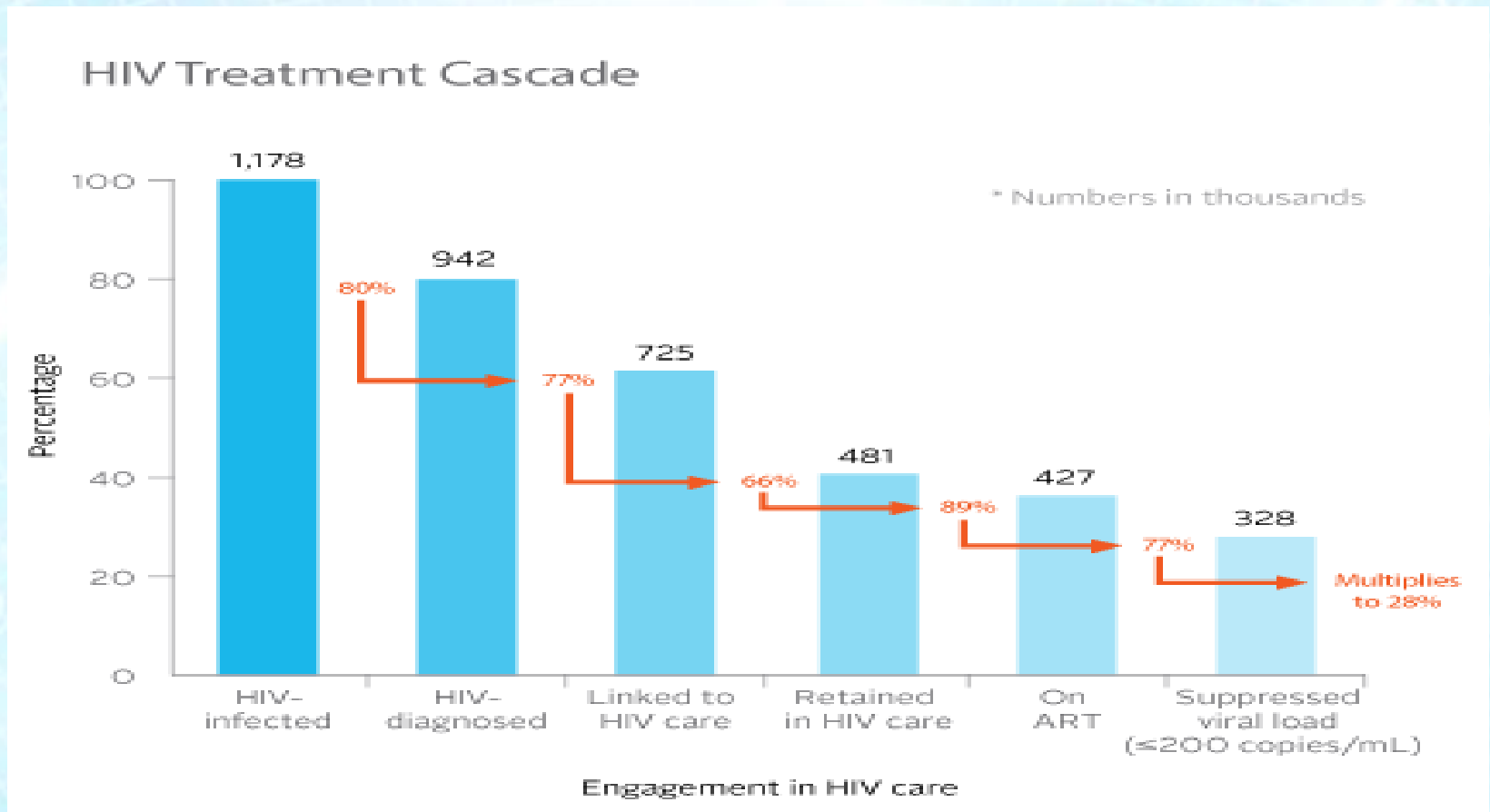
# **PURSuing STRATEGIC PARTNERSHIPS TO PUSH INNOVATION**

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# WAKE UP CALL: US NATIONAL DATA



# WAKE UP CALL: NY STATE AND SAN FRANCISCO CITY COMMITMENTS



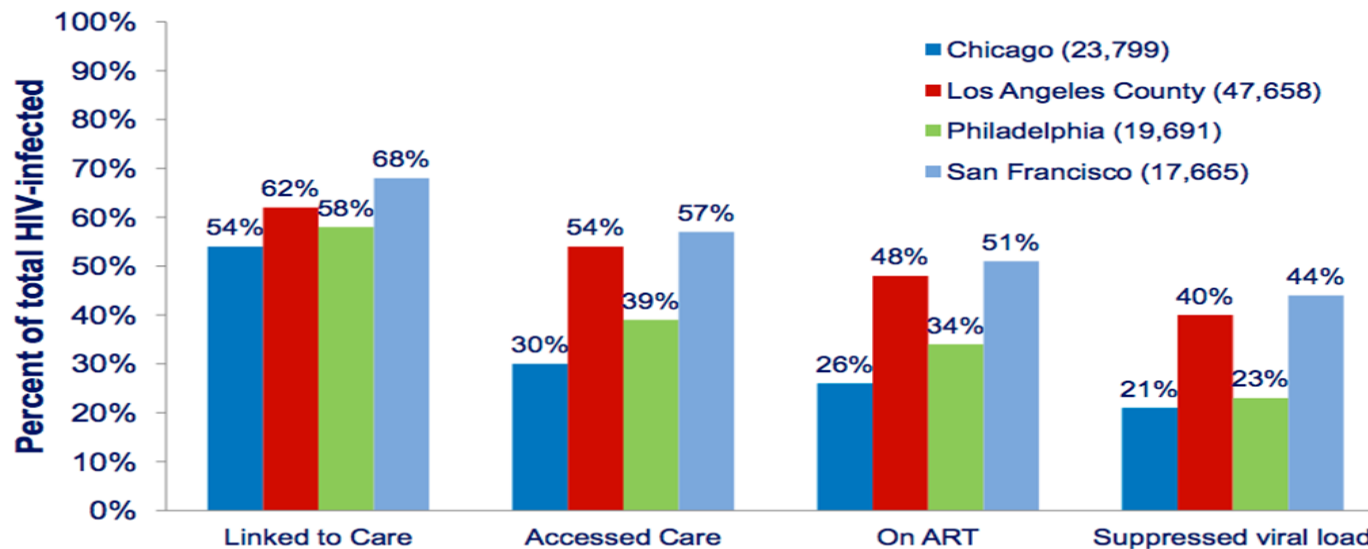
- NYT, June 28<sup>th</sup>, 2014 : *“The Cuomo administration said on Friday that it had developed a plan to aggressively identify, track and treat people with H.I.V. infection with the aim of reducing new infection to the point that by 2020, AIDS would no longer reach epidemic levels in New York State.”*

# LOCAL CARE CASCADES?

In the USA: Yes.

## Linkage, Access, ART Use and Viral Suppression in Four Large Cities in the United States, 2009

Figure 1: Percentage of estimated number of HIV-infected persons\* in stages of continuum of HIV care in four large United States cities through December 2009



\* Includes people diagnosed with HIV in 2008 and living with HIV through 2009 and an estimated additional 20% who are unaware of their infection.

# LOCAL CARE CASCADES?

In Europe?

- Rome: No city-specific cascade yet
- Paris: No city-specific cascade yet
- Stockholm: No city-specific cascade yet
- Amsterdam: Yes
- ...

# WHAT IS CURRENTLY CONSIDERED KEY ELEMENTS FOR SUCCESS?

Improving  
delivery  
systems

Improving  
proximity

Fostering  
innovation

# GLOBAL PRIORITIES...

**PEPFAR** The right thing  
In the right  
place  
  
At the right  
time

**UNAIDS** Prioritize  
Build local  
scenarios  
  
Don't miss the  
window of  
opportunity,  
now to 2020

**Michel Sidibé:** «We can't do  
everything  
everywhere»

# CITIES AS A KEY ACTOR TO ACHIEVE AIDS-FREE STATUS?

54% of the world  
population in  
urban areas,  
2013



60% of PLWH in  
urban areas



30% of PLWH in  
the 220 biggest  
cities in the  
world



# AIDS FREE CITIES INITIATIVE: A NEW TYPE OF PARTNERSHIP



- *A UNAIDS/ IAPAC global partnership*
- Involving mayors and city governments
- Working with affected communities and civil society
- Involving local healthcare providers
- Public health experts
- And others

# SIX PRINCIPLES (1)



*At the city level:*

- Improve targeted combination prevention – evidence-based biomedical, behavioral, and social interventions;
- Increase testing rates and early diagnosis;
- Recognize the role of specialized and, increasingly primary care and of the healthcare workforce as well as of affected communities, including patient advocates and lay providers;

## SIX PRINCIPLES (2)



*At the city level:*

- Build an enabling environment where stigma and discrimination does not prevent people from accessing health services;
- Acknowledge shared responsibility, at individual- and community-levels as well as government- and civil society-levels, and local accountability;
- Effective monitoring and evaluation (M&E) will inform each city's response and allow for city officials to measure and report progress to all stakeholders.

# FIVE OVERARCHING OBJECTIVES



Ensure that at least 90% of people living with HIV know their status

Reduce the negative impact of stigma, discrimination, and human rights barriers

Improve access to ART for people living with HIV to 90%

Increase the proportion of PLWH on treatment with undetectable viral load to 90%

Increase utilization of combination prevention services

# IMPLEMENTING AND TECHNICAL PARTNERS



- Civil society organizations;
- Human rights organizations;
- Professional associations;
- Implementing agencies;
- Research institutions;
- Corporate sector.

# START WITH LOCAL CONSULTATIONS



One three-day meeting per city with:

- Elected officials,
- Public health officials,
- Clinician-leaders,
- Civil society,
- PLWH,
- And other stakeholders.

Build consensus on the «AIDS Free City» concept

Gather and measure local data

Clarify the distribution of roles and tasks

Identify local priorities and areas of focus

# BUILD GLOBAL CONSENSUS

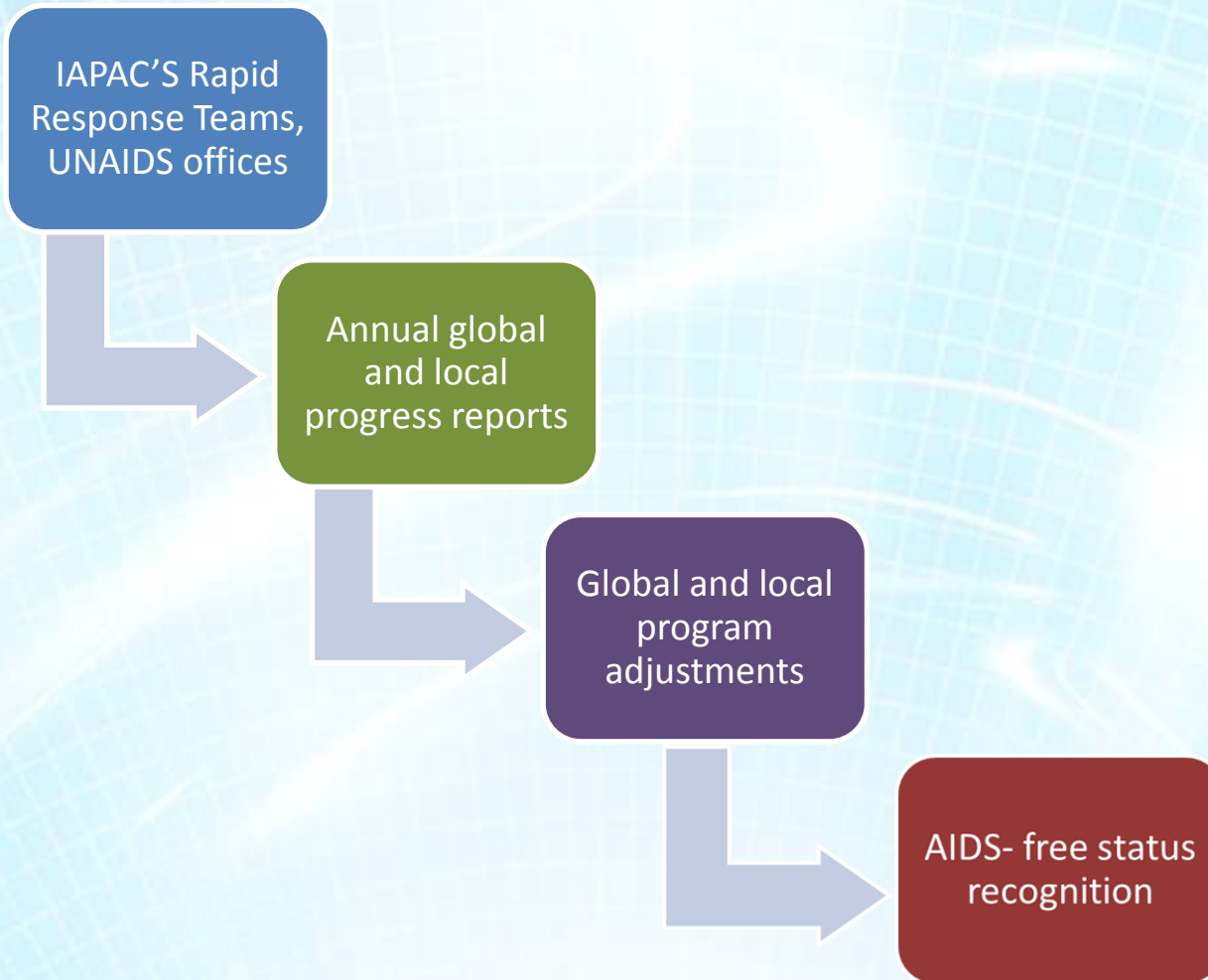


One meeting with health officials from VH and HICs

One meeting with health officials from MLIC

One global meeting of Mayors and stakeholders

# A TEN-YEARS PROGRAM





# A WORK IN PROGRESS...



- Implementing and technical partners are being identified;
- «List # One» of participating cities is being selected;
- Timeframe is still in progress.

# WHAT DO WE WANT TO DO?



- Focus: go where the needs are and the vision is there.
- Build on global strategies and objectives set by international agencies.
- Wafaa El Sadr: “Break aspirations into operations”.
- Be flexible, work with communities, use the science.
- Badara Samb: “Bridge the gap between HIV stakeholders and politicians”
- Think globally – and locally, act locally – and globally.