

# Visualizing 90-90-90 and HIV Care Continuum Data to Influence Programmatic Interventions and Resource Allocation in Fast-Track Cities

Presenting: **Sindhu Ravishankar, MPhil**  
Senior Director, Technical Programs  
Fast-Track Cities, IAPAC

Christopher Duncombe  
Emma Stacey

Paula Munderi  
José M. Zuniga

# LONDON

## FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

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# Introduction

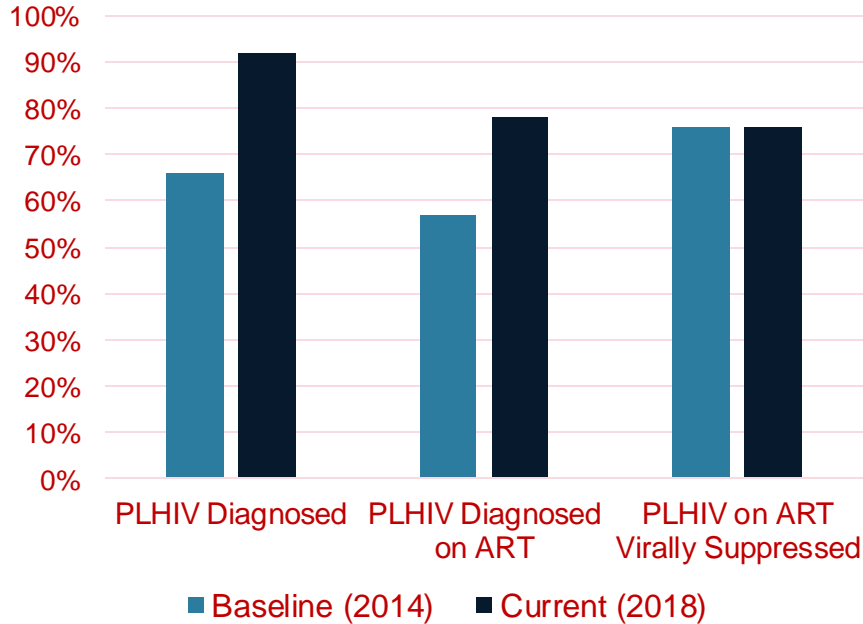


The ***Paris Declaration on Fast-Track Cities*** commits signatory cities to “embrace the transparent use of data to hold ourselves accountable... [and] regularly measure our results and adjust our responses to be faster, smarter, and more effective.”

IAPAC is assisting 72 Fast-Track Cities to generate, analyze, and/or report 90-90-90 and HIV care continuum data that is reported on city-specific dashboards housed on the [www.fast-trackcities.org](http://www.fast-trackcities.org) global web portal. 40 dashboards currently launched.

Data-driven HIV responses result in successful implementation planning and have successfully allowed Fast-Track Cities to prioritize financial and programmatic resources towards closing the 90-90-90 and advance political advocacy and community mobilization efforts.

## Bangkok 90-90-90 Targets



Baseline 2014: 66-57-76

Current 2018: 92-78-76

*1<sup>st</sup> 90: 26 percentage points*

*2<sup>nd</sup> 90: 21 percentage points*

# Bangkok - Implementation Planning



## Programmatic Prioritization

- The BMA road map has been developed and endorsed by the Bangkok Fast Track Cities Committee
- Improvement in HIV and KP estimation to identify gaps and use data effectively
- Key Population-led health services
- PrEP provision for Key Populations with plans for rapid and targeted PrEP and same day ART
- Innovations to reach key populations and vulnerable youth
- Scale up of system-wide HIV relates stigma reduction in health care settings

## Resource Allocation

- Increased domestic funding allocation for CBOs and Key Population-led organizations
- BMA-approved budget to provide ART to undocumented migrants and non-Thai residents and supplement non-reimbursable costs

## Political Advocacy

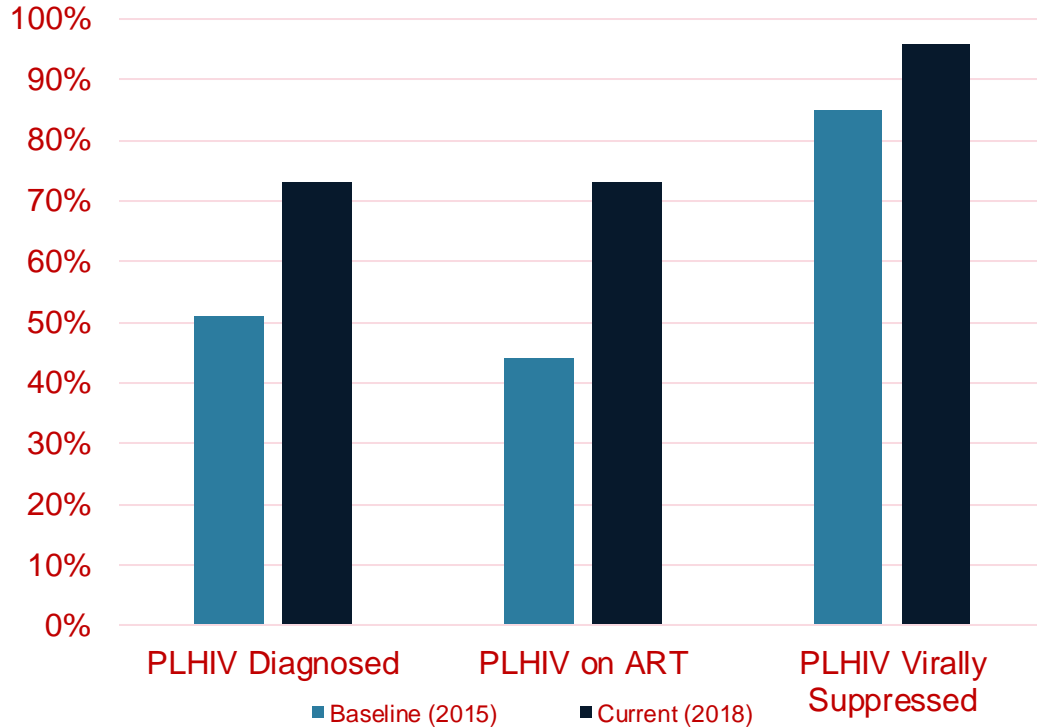
- BMA high level officials routinely utilize FTC Dashboard to monitor city progress towards 90-90-90 and other targets

## Stakeholder Coordination and Strategy Development

- Establishment of Steering Committee and endorsement of roadmap to close gaps and achieve 90-90-90 targets



## Kyiv 90-90-90 Targets



Baseline 2015: 51-44-85

Current 2018: **73-73-96**

*1<sup>st</sup> 90: 22 percentage points improvement*

*2<sup>nd</sup> 90: 29 percentage points improvement*

*3<sup>rd</sup> 90: 11 percentage points improvement*

# Kyiv - Implementation Planning



## Programmatic Prioritization and Strategy Development

- Approved HIV/AIDS City Target Program for 2017 – 2021 with additional funding
  - Decentralization of testing services and ART delivery
  - Increased public/private partnerships
  - PrEP roll out
  - OST and other prevention programs for KPs
- National Testing Strategy for 2019-2030

## Resource Allocation

- Funding for 2017 - 2021 approved by the program for the attainment of 90-90-90:

## Political Advocacy

- Sustained political commitment from the Mayor and Deputy Mayor

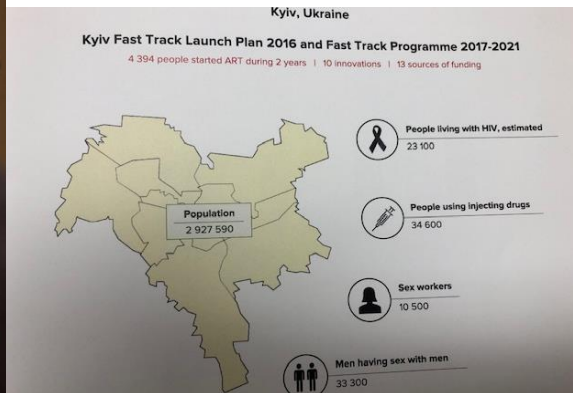
## Community Mobilization

- Establishment of intersectoral partnerships through the Fast-Track Cities initiative, including large representation from community.

The amount of funds proposed for the implementation of the Program	KYIV FAST-TRACK CITIES 2017-2021 BUDGET					Total costs for the implementation of the Program
	2017	2018	2019	2020	2021	
The volume of resources, including everything:	264289,62	407489,55	249522,62	48703,36	53238,8	1460264,65
National budget	87920,16	185712,54				273632,70
Budget of Kyiv	41753,66	48373,21	46665,72	48703,36	53238,80	238734,75
Funds from other sources	134615,80	173403,80	202856,90	215427,60	221593,10	947897,20

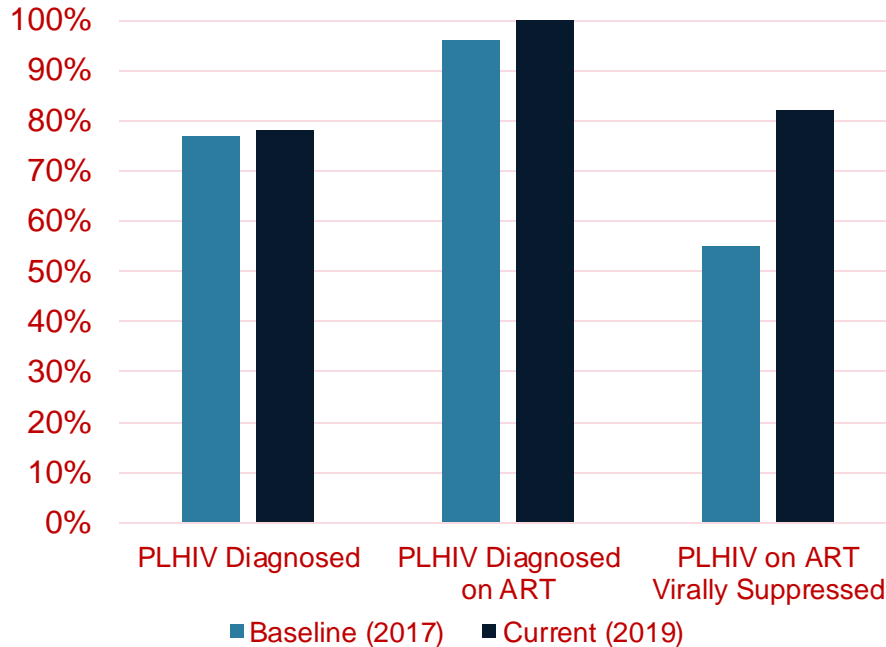
## KYIV FAST-TRACK CITY PARTNERSHIPS

Donors and IPs	NGOs	State Institutions
<ul style="list-style-type: none"> <li>• PATH</li> <li>• USAID</li> <li>• IAPAC</li> <li>• UNAIDS</li> <li>• CDC</li> <li>• AHF</li> <li>• Public Health Alliance</li> </ul>	<ul style="list-style-type: none"> <li>• All-Ukrainian Network of People Living with HIV / AIDS</li> <li>• Kyiv City Branch of the All-Ukrainian Network of People Living with HIV / AIDS</li> <li>• NGO "MENZDRAV"</li> <li>• CONVICTU UKRAINE</li> <li>• All In Ukraine Drop In Center</li> <li>• Charitable Foundation</li> <li>• Alliance Global</li> <li>• NGO "Aeneas Club"</li> <li>• Support Point</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health Center of the Ministry of Health of Ukraine</li> <li>• CMC Public Health Center</li> <li>• Kyiv City Center for Social Services for Family, Children and Youth</li> <li>• Department of Youth and Sports - KSCA</li> <li>• KSCA Department of Public Policy</li> <li>• Kyiv City Center for Social Services for Family, Children and Youth</li> <li>• KSCA Department of Public Policy</li> <li>• KSCA Public Communications Department</li> <li>• Kyiv Youth Center of KU KMDA</li> <li>• Kyiv City AIDS Center and other city PDs</li> </ul>



# Nairobi County

## Nairobi County 90-90-90 Targets



Baseline (2017): 77-96-55  
Current (2019)\*: 79-99-**92**

*1<sup>st</sup> 90: 2 percentage points improvement*  
*2<sup>nd</sup> 90: 3 percentage points improvement*  
*3<sup>rd</sup> 90: 37 percentage points improvement*

\*Current 90-90-90 data reflects January-June 2019.



# Nairobi County – Implementation Planning



## Programmatic Prioritization

- Refocused HIV Care and Prevention Priorities to target: Adolescents, Key Populations, populations in informal settings, girls and young women
- Roll out of PrEP and HIV Self Testing
- Granulated HIV and TB data generation by facility
- Improvement of EMR system for better data management

## Resource Allocation

- Leveraged data and initiative to lobby for increased funding, particularly for adolescents in the city

## Political Advocacy

- Effective use of data, including on Fast-Track City dashboard to garner increased political support for the local HIV response

## Community Mobilization

- Enhanced community health systems for better retention outcomes
- Stigma reduction efforts among general population

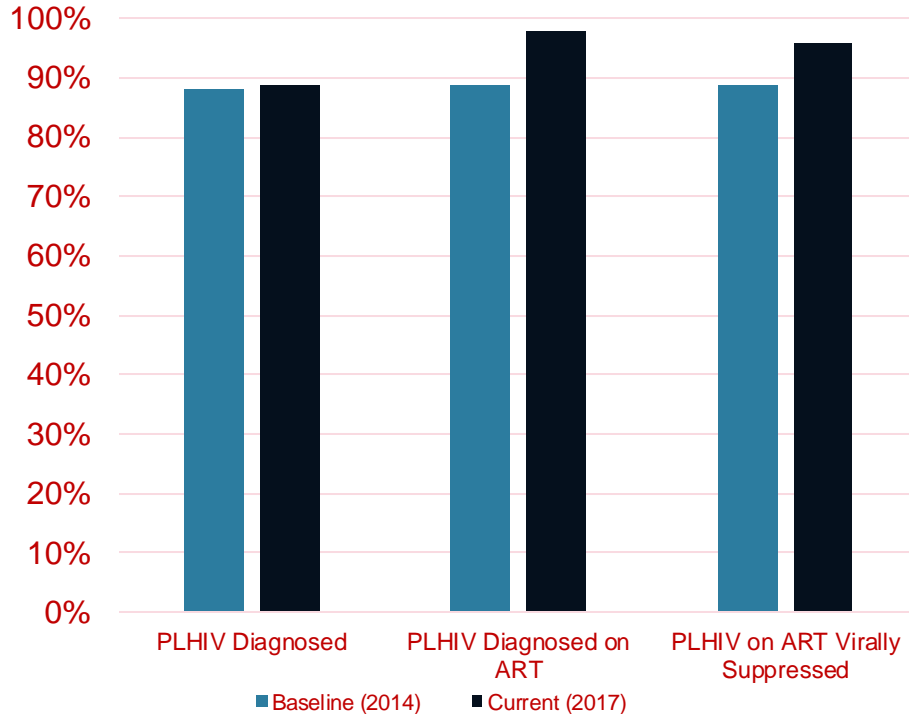
## Stakeholder Coordination

- United various stakeholders to ensure a coordinated response
- Mapping of stakeholders and delineation of roles throughout the city



# Melbourne/Victoria State

Melbourne/Victoria State 90-90-90 Targets



Baseline 2014: 88-89-89

Current 2017: 89-98-96

- 1<sup>st</sup> 90: 1 percentage point improvement*
- 2<sup>nd</sup> 90: 9 percentage points improvement*
- 3<sup>rd</sup> 90: 7 percentage points improvement*

# Melbourne/Victoria State – Implementation Planning

## Programmatic Prioritization

- Refocused program priorities, including innovation across the HIV Care Continuum.
  - Continue to focus on all priority populations: Women, Aboriginal & Torres Strait Islanders, migrants, culturally and linguistically diverse communities
  - Addressing testing gaps – FTC Hack a thon focusing on testing innovations
  - Alignment of Victorian HIV Strategy 2017-2020 with FTC efforts
- Use of baseline data in conjunction with other data such as new cases, which was being routinely collected at the local level prior to the cascade of care data

## Resource Mobilization

- Mobilized State to leverage private funding

## Political Advocacy

- Comparison with other cities with similar epidemics galvanized advocacy among policymakers and leaders
- Continued efforts to engage local government – federated system of Governance is a barrier

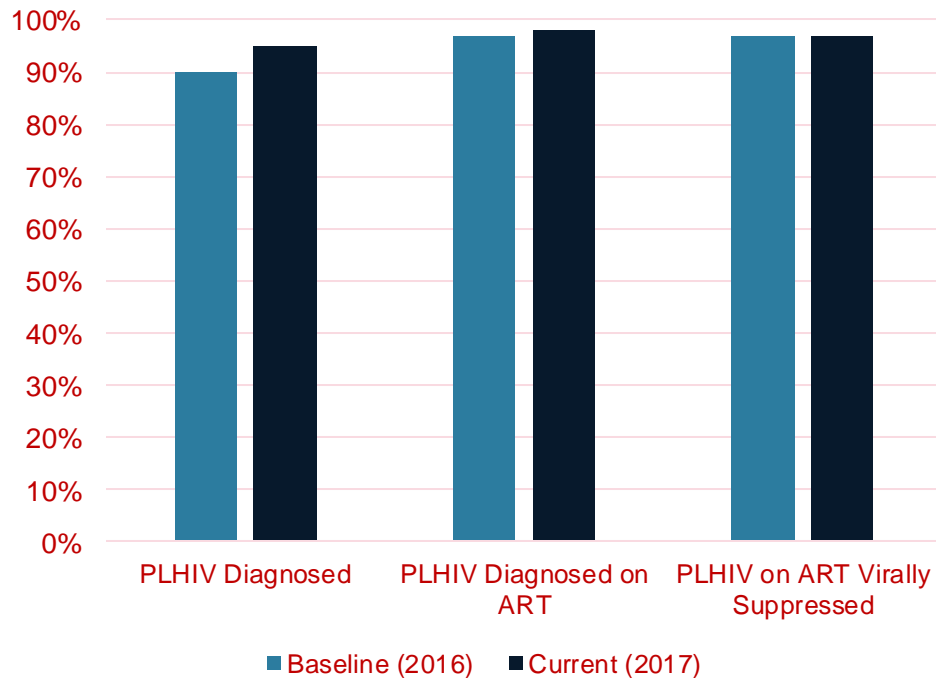
## Community Mobilization and Stakeholder Coordination

- Continue to build upon Victoria's strong stakeholder relationships and a 'partnership approach' including Community, Government, Clinical, Research stakeholders



# London

London 90-90-90 Targets



Baseline 2016: 90-97-97

Current 2017: 95-98-97

*1<sup>st</sup> 90: 5 percentage points improvement*

*2<sup>nd</sup> 90: 1 percentage point improvement*

# London – Implementation Planning



## Programmatic Prioritization

- Basis for informing work priorities and monitoring progress
- Prioritization of testing, clinical standards, and commissioning of HIV services and prevention activities across London.

## Stakeholder Coordination

- Development of Fast-Track Cities leadership group including support from:
  - NGOs
  - NHS
  - Healthcare services
  - HIV community
  - Local, regional, and national government agencies

## Political Advocacy

- Together clinicians, researchers, public health organizations, NGOs and government advocate for:
  - City wide universal and targeted education and awareness campaigns
  - Combination prevention, free and confidential healthcare for all
  - Advocacy and support for PLHIV

## London joins Fast-Track Cities initiative to reduce new HIV infections

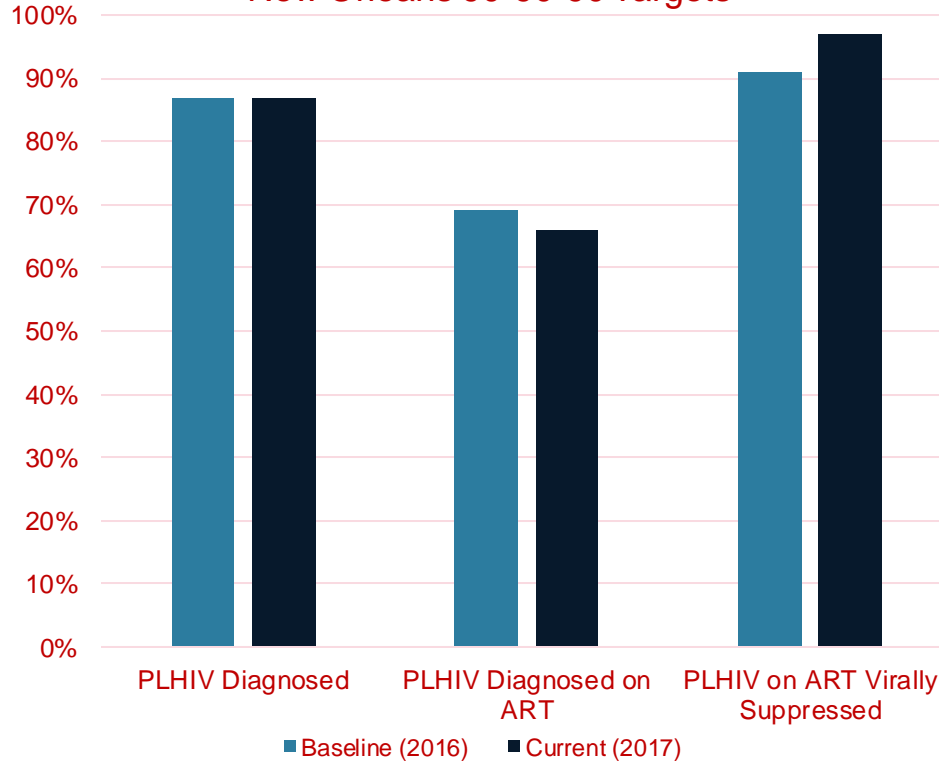
10 January 2018

- Mayor of London, Sadiq Khan, joins Fast-Track Cities initiative as part of a major push to reduce the rate of new HIV infections and eliminate stigma in London – aiming to end new HIV infections by 2030
- Sadiq Khan signed the historic pledge today alongside partners from London Councils, Public Health England and NHS England



# New Orleans

## New Orleans 90-90-90 Targets



Baseline 2016: 87-69-91

Current 2017: 87-66-97

*3<sup>rd</sup> 90: 6 percentage points improvement*

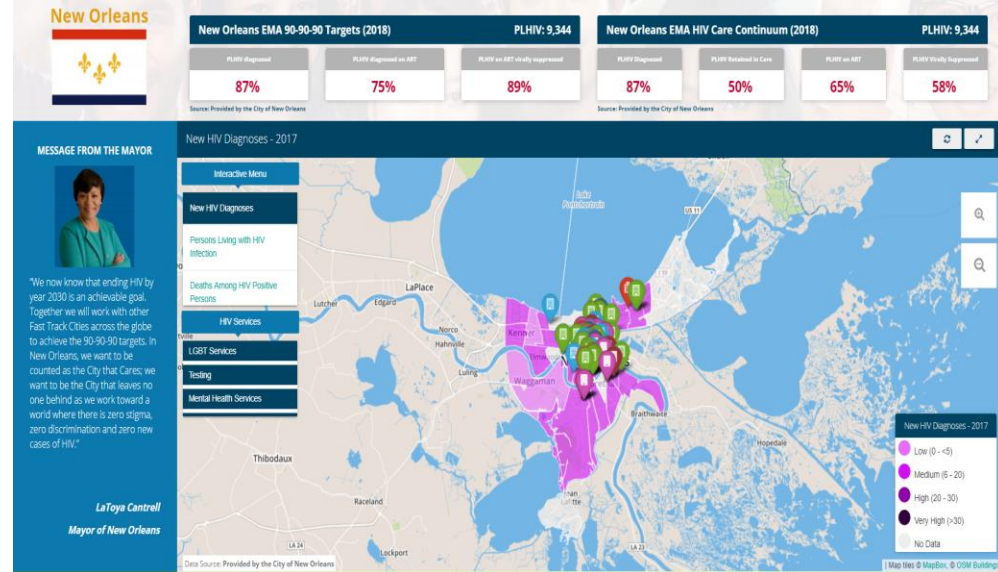
# New Orleans – Implementation Planning

## Programmatic Prioritization

- Prioritization by New Orleans Regional AIDS Planning Council of test and treat and innovative ways of early treatment initiation and viral load suppression (second and third 90)

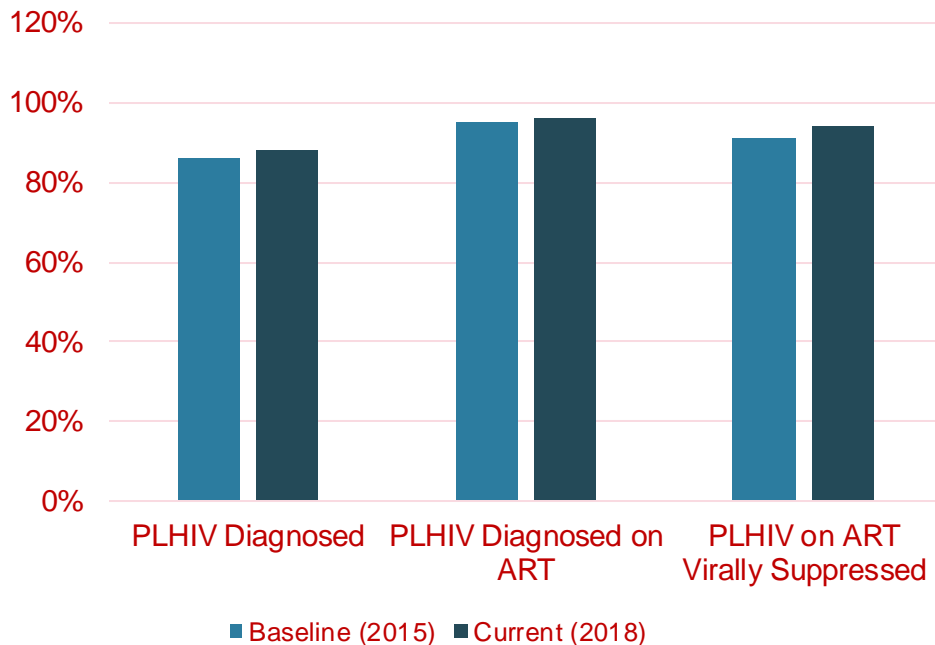
## Community Mobilization and Stakeholder Coordination

- Creation of New Orleans Fast Track Cities Steering Committee composed of four work groups
- Increased and routine community engagement
- Strong and diverse partnership including, but not limited to:
  - People living with HIV
  - City and State Health Departments
  - Ryan White clinics
  - CDC funded prevention providers
  - Ryan White planning council
  - Representatives from local hospitals/emergency rooms
  - Faith based leaders
  - Political support
- New Orleans area planning activities coordinated with the Louisiana statewide Ending the Epidemic planning activities and aligned with FTC activities in Baton Rouge.



# Paris

## Paris 90-90-90 Targets



Baseline 2014: 86-95-91

Current 2018: **88-96-94**

- 1<sup>st</sup> 90: 2 percentage points improvement*
- 2<sup>nd</sup> 90: 1 percentage points improvement*
- 3<sup>rd</sup> 90: 3 percentage points improvement*



# Paris - Implementation Planning

## Programmatic Prioritization

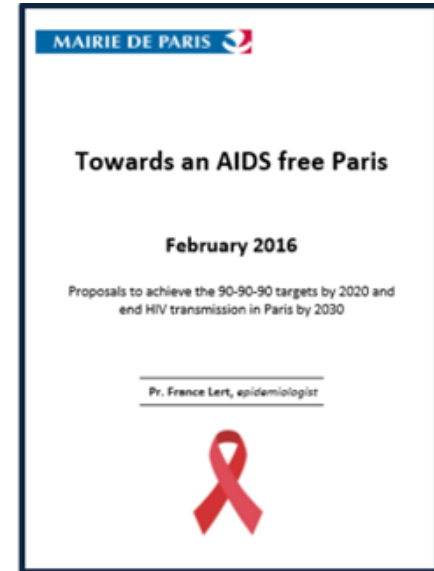
- Identification of first step of cascade (testing) and prevention coverage main challenge
- Development in-depth testing indicators
  - General and key population specific indicators: Estimated undiagnosed, new cases, prevalence, median time to diagnosis, testing frequency
  - Testing programmatic indicators: supply, coverage, frequency
  - PrEP uptake
- Priorities identified included: scale up of easy to access and walk-in HIV testing across the city; strategic social marketing of U=U, PrEP, and HIV/STI screening; development of inclusive narratives on sexualities and minorities to overcome cultural resistance to combination prevention messages

## Resource Allocation

- Refocused resources to prioritize: 1) HIV testing programs; 2) social marketing and prevention campaigns; 3) Innovation in PrEP offers and STI screening

## Political Advocacy, Community Mobilization, and Stakeholder Coordination

- Prior prioritization focused on retention in care, treatment and quality of life, without appropriate weight given to testing and prevention
- Baseline 90-90-90 useful in alerting policy makers, partners, and community to realize and act on an epidemic driven by delays to diagnosis and address the need to reach key populations



# Contributions

Thanks to the following municipal representatives for their contributions:

- Alisra Tatakorn, Bangkok Municipal Administration
- Patchara Benjarattanaporn, Bangkok Municipal Administration
- Andrii Kosinov, Kyiv Public Health
- Carol Ngunu, Nairobi County
- Andrea Fisher, Melbourne/Victoria State
- Edwina Wright, Melbourne/ Victoria State
- Jess Drummond, Healthy London Partnership
- Helen Corkin, Public Health England
- Frances Lawless, New Orleans Health Department
- Eve Plenel, Paris Sans SIDA

Thanks to my colleagues and co-contributors:

- José M. Zuniga, International Association of Providers of AIDS Care, Washington, DC, USA
- Chris Duncombe, International Association of Providers of AIDS Care, Seattle, WA, USA
- Paula Munderi, International Association of Providers of AIDS Care, Kampala, Uganda
- Emma Stacey, International Association of Providers of AIDS Care, Seattle, WA, USA