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
Paula Munderi
Emma Stacey
José M. Zuniga
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 Metropolitan Administration

Bangkok 90-90-90 Targets

Baseline 2014: 66-57-76
Current 2018: 92-78-76

1st 90: 26 percentage points
2nd 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
Baseline 2015: 51-44-85
Current 2018: 73-73-96

1st 90: 22 percentage points improvement
2nd 90: 29 percentage points improvement
3rd 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.

<table>
<thead>
<tr>
<th>The amount of funds proposed for the implementation of the Program</th>
<th>KYIV FAST-TRACK CITIES 2017-2021 BUDGET</th>
<th>Total costs for the implementation of the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>The volume of resources, including everything:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National budget</td>
<td>87920,16</td>
<td>185712,54</td>
</tr>
<tr>
<td>Budget of Kyiv</td>
<td>41753,66</td>
<td>48373,21</td>
</tr>
<tr>
<td>Funds from other sources</td>
<td>134615,80</td>
<td>173403,80</td>
</tr>
</tbody>
</table>

KYIV FAST-TRACK CITY PARTNERSHIPS
<table>
<thead>
<tr>
<th>Donors and IPs</th>
<th>NGOs</th>
<th>State Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATH</td>
<td>All-Ukrainian Network of People Living with HIV / AIDS</td>
<td>Public Health Center of the Ministry of Health of Ukraine</td>
</tr>
<tr>
<td>USAID</td>
<td>Kyiv City Branch of the All-Ukrainian Network of People Living with HIV / AIDS</td>
<td>CMC Public Health Center</td>
</tr>
<tr>
<td>IAPAC</td>
<td>NGO &quot;MENZDRAV&quot;</td>
<td>Kyiv City Center for Social Services for Family, Children and Youth</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>CONVICTU UKRAINE</td>
<td>Department of Youth and Sports - KSCA</td>
</tr>
<tr>
<td>CDC</td>
<td>All In Ukraine Drop In Center Charitable Foundation</td>
<td>KSCA Department of Public Policy</td>
</tr>
<tr>
<td>AHF</td>
<td>Alliance Global</td>
<td>Kyiv City Center for Social Services for Family, Children and Youth</td>
</tr>
<tr>
<td>Public Health Alliance</td>
<td>NGO &quot;Aeneas Club&quot;</td>
<td>KSCA Department of Public Policy</td>
</tr>
<tr>
<td></td>
<td>Support Point</td>
<td>KSCA Public Communications Department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kyiv Youth Center of KU KMDA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kyiv City AIDS Center and other city PDs</td>
</tr>
</tbody>
</table>
Nairobi County

Nairobi County 90-90-90 Targets

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

1st 90: 2 percentage points improvement
2nd 90: 3 percentage points improvement
3rd 90: 37 percentage points improvement

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

PLHIV Diagnosed

PLHIV Diagnosed on ART

PLHIV on ART Virally Suppressed

Baseline 2014: 88-89-89
Current 2017: 89-98-96

1\textsuperscript{st} 90: 1 percentage point improvement
2\textsuperscript{nd} 90: 9 percentage points improvement
3\textsuperscript{rd} 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

1st 90: 5 percentage points improvement
2nd 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
New Orleans

New Orleans 90-90-90 Targets

Baseline 2016: 87-69-91
Current 2017: 87-66-97

3rd 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

1st 90: 2 percentage points improvement
2nd 90: 1 percentage points improvement
3rd 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