



**ENDING AIDS,
ENDING
INEQUALITIES:
FAST-TRACK CITIES**

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EXECUTIVE SUMMARY

Recognizing the critical role that cities play in the HIV response, mayors from 26 cities and key global partners met in Paris in 2014 to launch the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic (the Paris Declaration). Since then, more than 400 cities and municipalities in approximately 90 countries have joined the global network and endorsed the Paris Declaration. Across six continents, these cities work to improve HIV services and the health and lives of their citizens, with support from UNAIDS, the International Association of Providers of AIDS Care (IAPAC), UN-Habitat, the City of Paris, and national and local governments.

Since the Paris Declaration was signed, the world—and the HIV pandemic—have changed. This report shows how Fast-Track cities have managed to adapt their HIV responses and used new information and approaches to respond to these new challenges.

Since early 2020, the COVID-19 pandemic has created new challenges, including in the HIV response, and cities and informal settlements have been particularly hard hit. At the same time, it has spurred innovations, helped to increase solidarity and strengthened communities and partnerships. Cities have taken a leading role in addressing the challenges and implementing pioneering solutions, and in finding ways to ensure that services continue to be delivered where they are most needed.





The pandemic has also highlighted the role that global inequalities and health inequities play in leaving the most vulnerable behind, helping to pave the way for a new consensus and new guidance documents for the global HIV response in 2021. These include the new [UNAIDS Global AIDS Strategy 2021–2026: End Inequalities, End AIDS](#) and the adoption by United Nations Member States of a new [Political Declaration on HIV and AIDS—Ending Inequalities and Getting on Track to End AIDS by 2030](#).

Both the Political Declaration and the Global AIDS Strategy recognize that the AIDS response continues to leave millions behind, including LGBTI people, sex workers, people who use drugs, migrants and prisoners, people with disabilities, adolescence and young people, women and children. Inequality is driving this failure, and thus addressing inequalities must be central to efforts to achieve the new goals and end AIDS.

In 2018, UNAIDS and IAPAC began implementing the joint Fast-Track Cities project, with financial support from the United States Agency for International Development (USAID). The project aims to provide strategic technical and financial support to 15 high-burden cities to accelerate their HIV responses: Blantyre, eThekweni, Jakarta, Johannesburg, Kampala, Kigali, Kingston, Kinshasa, Kyiv, Lagos, Lusaka, Maputo, Nairobi, Windhoek and Yaoundé.

ADDRESSING INEQUALITIES: REACHING YOUNG PEOPLE

In Blantyre, Malawi, the Keeping the Dream Alive peer support project, led by the local youth-led organization Forum for AIDS Counselling and Training (FACT), has significantly increased demand for HIV testing among sexually active young people. Activities include raising awareness and promoting advocacy, providing HIV testing services and supporting groups for young people living with HIV.

In eThekweni, South Africa, the community-based Inanda project helped to: increase the uptake of HIV and related services by young people; improve retention in treatment, bringing young people who had dropped out of the system back into care; and mobilize communities. The project engaged young people through their peers and worked with community leaders to reduce HIV related stigma.

Kigali, Rwanda, is collaborating with Dream Village, a local non-governmental organization (NGO) led by young people, to provide a package of differentiated services, delivered by trained and mentored peers, for adolescents and young people living with HIV.

In Lagos, Nigeria, a map of community structures and HIV related services for adolescents and young people has helped this population to access services and has contributed to the design of targeted interventions, including training for staff and promotional materials. Lagos also recently revitalized the Family Life and HIV Education (FLHE) programme, covering adolescent sexuality and reproductive health, in public secondary schools.

Quantitative and qualitative assessments of services for young people in Nairobi, Kenya, led to training for health care workers and community volunteers, improving the availability of youth-friendly services and increasing the number of people they serve. The Kawangware Youth for Change initiative works to create social and behavioural change through football and regular discussions between peers.

Significant progress has been made in the HIV responses in these cities as a result of the project. Cities are getting closer to achieving critical Fast-Track targets: ensuring that communities and people living with HIV have access to effective and locally appropriate HIV responses free of stigma and discrimination; city authorities, implementers and care providers are enabled to effectively and sustainably accelerate their HIV responses; and strategic information is available to track the progress.

This report presents recent good practices from the 15 cities. It shows how cities, with support from the Fast-Track Cities project, are responding to: HIV and other global health threats; building municipal capacity and strengthening partnerships; and using data and innovation to protect and support their citizens. It further shows that, despite varying contexts and challenges, addressing inequalities and reaching those most vulnerable is central to addressing the HIV epidemic in many cities.

SERVING KEY POPULATIONS

Kigali and key stakeholders have undertaken capacity strengthening and raising the awareness of key populations among health workers and law enforcement personnel, as well as community mobilization, outreach and information campaigns. These have ensured that members of key populations and young people are better able to access 'friendly services' and other services (including a toll-free phone line and help desk for legal support and referrals). Ongoing advocacy aims to ensure the inclusion of key populations in the national COVID-19 social protection plan.

In Kampala, Uganda, a recently launched mobile application based on a mapping exercise is helping members of key and priority populations to identify and use key population 'friendly services' services and other distribution points. The app has been publicized through peer networks and direct marketing strategies, including the use of motorcycle taxis and bicycles ('boda boda') and taxi drivers to promote messages on their jackets or cars.

COUNTERING STIGMA AND DISCRIMINATION

A Stigma-Free Spaces project, supported by the Mayor and led by a network of people living with HIV, is being piloted in Kingston, Jamaica. The project brings together the city, civil society and the private sector to conduct training and assessments at private and public sector organizations that have committed to ensuring that they are free from HIV related stigma and discrimination.

In Yaoundé, Cameroon, city partners are working together to identify and address gaps and barriers in the response, with a specific focus on marginalized and key populations. These partners, alongside service providers and communities, receive training in the human-rights-related barriers to HIV service access, uptake and retention to counter stigma and discrimination, improve service provision and collaboration, and elaborate action plans.



ENGAGING MEN AND BOYS

In Johannesburg, South Africa, interventions for men and boys are helping to change the behaviours that prevent them from seeking health services and drive new infections among their partners. The Men's Forum in Alexandra township implements: behaviour change activities, including community outreach, activism and advocacy; individual mentoring; community and small group dialogues; and referrals for testing and treatment services.

LEADERSHIP AND STRATEGIC PLANNING FOR SUCCESS

In Blantyre, a city-specific HIV strategic plan 2021–2025 and a strategy action plan are being used as the blueprint for all city partners. The goal is to mobilize additional resources for the city's response and to increase commitment from stakeholders, including the private sector.

The improved HIV response in Lusaka, Zambia, has been galvanized by better leadership and coordination, with Fast-Track City Steering, Technical and Innovation committees guiding the response using strategic information and specific expertise, including from affected communities. A new Fast-Track Action Plan for 2020–2023 places specific emphasis on the city's key and other vulnerable populations and engages community groups as implementing partners.

USING BETTER DATA TO GUIDE THE RESPONSE

Lusaka's first-ever monitoring and evaluation unit can now collect and analyse HIV data to inform decision-making and advocacy around geographical areas and populations of concern, including for the Fast-Track Action Plan 2020–2023. It can also track progress in the implementation of city HIV plans.

In Maputo, Mozambique, data are being strengthened to improve understanding of the dynamics of the epidemic in the city and its surrounding area, and to use this understanding to target the response where it is most needed. The analysis was used to (successfully) advocate for an initiative to increase uptake of HIV services for young adults in higher education sites.

COMMUNITIES AT THE CENTRE

Thanks to the work of civil society coalitions in Kigali, a draft bill criminalizing same-sex conduct was abandoned in 2010, and revisions to Rwanda's penal code in 2018 decriminalized sex work. Ongoing community advocacy work aims to reduce the stigma, discrimination, violence and marginalization that increase risk among members of key populations and deter them from seeking HIV services.

In Kinshasa, communities drove both the development of a digital platform (Landela) to improve maternal and child HIV services, and activities to support treatment through community ART distribution points (PODI).

These points provide medication refills as well as basic health screening and group adherence support and have been vital in ensuring uninterrupted access to treatment for people living with HIV during COVID-19.

Kyiv, Ukraine, is leveraging partnerships with civil society to improve grassroots strategic information, including through the first-ever city-level People Living with HIV Stigma Index survey, and a rapid assessment of the city's drug scene. The information is being used to improve the city's HIV services and planning.

STRENGTHENING PARTNERSHIPS

Jakarta, Indonesia, empowered stakeholders to contribute to and use strategic information for the new multisectoral action plan. It continues to build collaboration between the city and community and civil society partners, harnessing community expertise to reach more people with better services.

Lagos is working in close collaboration with the private sector to improve the city's HIV response, including through the integration of Nigeria's National Workplace Policy on HIV/AIDS. The private sector was actively engaged in mitigation measures and support for people living with HIV during the COVID-19 pandemic, providing emergency supplies including food and hygiene items.

In Windhoek, Namibia, partnerships between the city, institutional supporters and civil society are creating robust strategies, including through a recent mid-term review of the strategic plan and support for communications and implementation. Population based interventions for key and vulnerable populations (female sex workers; gay men and other men who have sex with men and transgender women; and the deaf community) are delivered primarily through partnerships with civil society organizations (CSOs).

INNOVATIONS

Many of the Fast-Track cities have used innovations to respond to the new challenges posed by COVID-19. These innovative HIV programme approaches have helped maintain and improve access to essential HIV services. They will continue to benefit city and wider HIV responses beyond the end of pandemic related lockdowns and other restrictions.

Jakarta acted on surveys conducted by networks of people living with HIV assessing disruptions to HIV services and recommendations on meeting the needs of their members. It maintained voluntary counselling and testing services, moved training online, instituted multi-month dispensing of medications and used ride based mobile apps and transport courier services to transport viral load samples and deliver antiretroviral (ARV) medicines.

Strong partnerships between the city and community organizations have helped Kyiv to react and adapt to new challenges, including COVID-19 and new forms of drug use. Adaptations include using postal delivery companies to deliver ARV medicines; online consultations; transport to facilities; and mobile and self-testing alternatives for HIV tests.

During the COVID-19 lockdown, Nairobi instituted online meetings, training, multi-month dispensing of ARV medicines and established community antiretroviral treatment groups (CAGs) to maintain access to treatment. After lockdown ended, the CAGs continued to help people living with HIV to receive ARV medicines within their own communities and support them in continuing treatment.

The good practices in this report show that, despite both old and new challenges, communities and cities can work to improve HIV related strategic information, spearhead innovations and address inequalities to end AIDS as a public health threat.

INTRODUCTION

Urban areas were home to 56% of the world's population in 2020, and that figure is expected to grow to 60% by 2030 and 68% by 2050, with 96% of growth in the less developed regions of East Asia, South Asia and Africa.¹ Vulnerability to HIV and tuberculosis (TB) infection is often higher in urban than in rural areas because of urban dynamics, such as social networking, rapid urbanization, migration, unemployment and socioeconomic inequalities, as well as physical proximity, including in slums where access to sanitation and basic services is poor. As a result, cities account for large and growing proportions of people living with HIV, TB and other diseases. Two hundred cities are estimated to host more than one quarter of the world's population living with HIV; in some countries, a single city can account for up to 30% of the national HIV burden.²

At the same time, as centres for economic growth, education, innovation, positive social change and sustainable development, cities are uniquely positioned to address complex multidimensional problems—including HIV—through inclusive participation among diverse stakeholders.

In 2014, mayors from 26 cities and key global partners met in Paris and launched the [Paris Declaration on Fast-Track Cities: Ending the AIDS Epidemic](#) (the Paris Declaration). Since then, more than 400 cities and municipalities have joined the global network and endorsed





the Paris Declaration. Across six continents, these Fast-Track cities work to improve HIV services and the health and lives of their citizens, with support from UNAIDS, IAPAC, UN-Habitat, the City of Paris, and national and local governments.

The Fast-Track cities and their partners aim to: achieve treatment, prevention and stigma-elimination targets; address disparities in access to health and social services; and meet the global goal of ending AIDS as a public health threat by 2030. Signatories to the Paris Declaration commit to seven core actions:³

1. End the AIDS epidemic in cities by 2030.
2. Put people at the centre of the AIDS response.
3. Address the causes of risk, vulnerability and HIV transmission.
4. Use the city AIDS response for positive social transformation.
5. Build and accelerate an appropriate response reflecting local needs.
6. Mobilize resources for integrated health and sustainable development.
7. Unite as leaders, work inclusively and report annually on progress.

Since the Paris Declaration was launched, the world—and the HIV pandemic—have changed. This report shows how Fast-Track cities have also changed, adapting their HIV responses and seeking new approaches to react to new challenges.

borders. Support and outreach systems have moved online. Multi-month dispensing of HIV medications and prevention commodities (including condoms, lubricants, clean needles and syringes and PrEP), as well as take-home doses of opioid substitution therapy, have enabled people to access essential items without repeatedly putting themselves at risk. Other differentiated service delivery (DSD) models include self-testing approaches, alternative access points for prevention commodities such as condoms and PrEP, and community-led and community-based delivery.⁵

COVID-19 has also helped to increase solidarity, including through new or improved partnerships between authorities and the communities they serve, and strengthening of the communities themselves. It has thrown into sharp relief the role that global inequalities and health inequities play in leaving the most vulnerable behind—and spurred recognition of the urgent need to address these issues. In part as a result of this recognition, 2021 saw new consensus and a number of major new guidance documents for the global HIV response.

In March 2021, the UNAIDS Programme Coordinating Board adopted a new [Global AIDS Strategy 2021–2026: End Inequalities, End AIDS](#). The new strategy identifies where, why and for whom the HIV response is not working and outlines strategic priorities and actions. It puts people at the centre of the response, aiming to: maximize equitable and equal access to comprehensive people-centred HIV services; break down legal and societal barriers to achieving HIV outcomes (including by ending gender inequalities, stigma and discrimination and realizing human rights); and fully resource and sustain HIV responses. It recognizes the key role of cities in ending AIDS and explicitly includes urban settings as a cross-cutting issue.

In June 2021, at the United Nations General Assembly [High-Level Meeting on AIDS](#), United Nations Member States adopted a new [Political Declaration on HIV and AIDS—Ending Inequalities and Getting on Track to End AIDS by 2030](#). The Political Declaration includes new, more ambitious, HIV targets and—like the new Global AIDS Strategy—aims to end the intersecting injustices that drive HIV infections and prevent people from accessing services. It focuses on communities of key populations (gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons

In 2018, the Paris Declaration was amended in the light of new evidence on the relationship between viral load suppression and HIV transmission, the role of pre-exposure prophylaxis (PrEP), and the importance of integrating services for HIV, tuberculosis (TB), sexually transmitted infections (STIs) and viral hepatitis. The amendments also called for a more comprehensive approach to addressing the related issues of mental health, substance use disorders and age-related comorbidities.

Since early 2020, the COVID-19 pandemic has created new challenges for the HIV response across the world. Lockdowns and restrictions on movement have had severe impacts on individual access to HIV prevention, treatment and care services. National and international funds and health resources (including health care staff and laboratory facilities) have been redirected to COVID-19 responses. The pandemic has also negatively affected livelihoods and increased isolation and mental health issues, particularly for the most vulnerable. Urban areas bore the initial brunt of the pandemic and have been particularly heavily affected.⁴

At the same time, these challenges have spurred innovations in the HIV response. This has been particularly true in Fast-Track cities, which have been at the forefront of addressing challenges and implementing pioneering solutions—solutions that have been scaled up across countries and replicated across

and closed settings) and adolescent girls and young women. It aims to eliminate all forms of sexual and gender-based violence, stigma and discrimination, and restrictive legal and policy frameworks, and protect human rights. Key to these aims will be the commitment by Member States to increase the proportion of HIV services led by communities.

Fast-Track Cities: Leading efforts to end AIDS—and inequalities

The Political Declaration and the Global AIDS Strategy recognize that the AIDS response continues to leave millions behind, including LGBTI people, sex workers, people who use drugs, migrants and prisoners, teenagers, young people, women and children. Inequality is driving this failure, and thus addressing inequality must be central to efforts to achieve the new goals and end AIDS.

Since 2018, UNAIDS and IAPAC have been implementing a [joint Fast-Track Cities project](#), with financial support from USAID. The project aims to provide essential, strategic, technical and financial support to 15 high-burden cities to accelerate their HIV responses. The 15 cities (Blantyre, eThekweni, Jakarta, Johannesburg, Kampala, Kigali, Kingston, Kinshasa, Kyiv, Lagos, Lusaka, Maputo, Nairobi, Windhoek and Yaoundé) account for about three million people living with HIV.

With the sustained support and commitment of mayors and city leaders, the project has improved coordination and strengthened partnerships, civil society engagement and innovation to reach key and vulnerable populations. This has increased the uptake of HIV services and ensured the uninterrupted delivery of these services during the COVID-19 pandemic. Improved strategic information and monitoring and evaluation systems are enabling cities to track and report on their HIV epidemics and to plan more effective responses. Close to 10 000 people have been reached with IAPAC led training activities. Good practices and strategic information on the HIV epidemics and responses in the 15 cities are showcased in the UNAIDS-supported [Fast-Track Cities Interactive Map](#) and IAPAC's Fast-Track Cities Global Web Portal and City Dashboards.

This report presents recent good practices from these 15 Fast-Track cities. They show how cities are responding to HIV and other global health threats—building municipal capacity and the capacity of partners to protect and support their citizens. For example:

1. In many cities, **addressing inequalities** has been central to greater success. In Blantyre, eThekweni, Kigali, Lagos and Nairobi, a focus on **reaching young people** has improved their access to services and their understanding of how to protect themselves and others. In Kigali, **key populations** benefit from targeted interventions and communication campaigns. In Kingston, Kampala and Yaoundé, initiatives to reduce **stigma and discrimination** are helping people living with HIV and members of key populations to reach the services and support they need. In Johannesburg, **engaging men and boys** addresses both HIV related vulnerabilities and gender based violence.
- In Blantyre and Lusaka, improved **leadership and strategic planning** have enhanced city responses, increased available resources and identified new strategies and partners.
- **Using better data** in Lusaka, Maputo and Nairobi has resulted in improved targeting of programmes and easier access by individuals to essential HIV services.
- Keeping **communities at the centre** in Kigali, Kinshasa and Kyiv has meant appropriate interventions and improved environments for key and vulnerable populations.
- In Jakarta, Lagos and Windhoek, **strengthened partnerships** with communities, the private sector and others have led to improvements in the response.
- The challenges of the COVID-19 pandemic catalysed **innovations** in Jakarta, Kinshasa, Kyiv and Nairobi that will have longer term benefits for their HIV responses.

FROM STRATEGY TO ACTION

**BLANTYRE,
MALAWI**



A CITY-SPECIFIC HIV STRATEGY

HIV prevalence among adults (15+) in Blantyre City is the highest in Malawi at 17.4%, compared with the national average of 8.7% [8.1–9.5%].⁶ Blantyre also lags behind in terms of services, including HIV testing and linking people living with HIV to treatment. The most recent estimates in 2020 indicate that 85% of Blantyre’s people living with HIV are diagnosed, with only 75% of those diagnosed receiving treatment, of whom 69% are virally suppressed (meaning they cannot transmit HIV).⁷ This is substantially lower than the estimated national achievement of 92% diagnosed, 95% on treatment, and 94% virally suppressed.⁸

In Blantyre, an innovative HIV strategy targeting the city’s specific challenges is providing a blueprint for partners and implementers, including a youth focused programme using local football games to build demand for HIV testing, voluntary medical male circumcision (VMMC) and other services.

With support from the Joint UNAIDS–IAPAC Fast-Track Cities project, Blantyre has developed a city specific strategic plan for HIV for 2021–2025, as well as an action plan to implement the strategy. The strategy was developed through broad and inclusive stakeholder consultation meetings alongside the Blantyre City HIV and AIDS Strategy Taskforce. The Taskforce included a wide range of stakeholders from the municipality; communities, including NGOs, CSOs and faith-based groups representing (among others) people living with HIV and young people; the private sector; UN entities; and international NGOs.

The Strategy was led by the Blantyre City Council. While it is aligned with Malawi’s National Strategic Plan 2020–2025, it responds specifically to the city’s unique context and challenges and its Fast-Track City commitments. The document 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. This will make the city’s approaches coherent, prevent the wasteful duplication of efforts and ensure investments in the HIV response are used as efficiently and effectively as possible.

The Strategy is a 'living document'. It includes a monitoring and evaluation framework to monitor progress, assess impacts and inform modifications. The City Council will rely on the commitment and dedication of city and district partners and stakeholders implementing HIV programmes to contribute data that will help to refine the Strategy. Support is needed for these partners to strengthen their data collection and analytical systems and align their data collection tools with those approved by the City Council or relevant national authorities.

The Strategy 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. The MBCA is also reviewing its own strategic plan to broaden its mandate from large, private-sector organizations to small and medium term enterprises and the informal sector. It will coordinate HIV interventions across these sectors and provide expert advice to the city to implement and improve workplace policies.

YOUNG PEOPLE AND HIV IN BLANTYRE

The development of the Strategy provided evidence that led to action, focusing on young people. A survey conducted in 2015–2016 showed that while a large proportion of young people aged 15–19 engaged in high risk sex (90.7% and 57.2% of young men and women, respectively), condom use during such sex was low (58.3% and 60.4%, respectively). More than one in ten (12.8%) young people aged 15–24 years had their first sexual experience before the age of 15. Awareness of HIV status is also particularly low among young people living with HIV, with 33.3% of young men aged 20–24 and 41.7% of young women aged 15–19 unaware of their status. Adolescent girls and young women are even more vulnerable than young men with HIV prevalence more than two times higher.⁹

In addition, access to and use of sexual and reproductive health services by adolescent girls and young women are poor. In Blantyre City, the inadequate health facility infrastructure and overcrowding are serious obstacles to the delivery of quality, youth-friendly health services.

'KEEPING THE DREAM ALIVE' FOR YOUNG PEOPLE



Keeping the Dream Alive promotional poster, 2021.

The Keeping the Dream Alive, Fast-Track Cities Malawi project, has led to a significant increase in demand for HIV testing among sexually active young people aged 13–25 in Blantyre. In-person activities in Blantyre are complemented by efforts to raise awareness and advocacy through social media platforms and prominent influencers, which have also created demand in the cities of Zomba, Lilongwe and Mzuzu. The project uses local football games and peer support to promote healthy lifestyles and change behaviour, provide mobile HIV testing services and create further demand for testing.

The project began in August 2021 with a physical HIV testing campaign in Blantyre and a virtual campaign across the country. It is implemented by the Forum for AIDS Counselling and Training (FACT), a local youth led organization that works with adolescents and young people. FACT uses a peer model to deliver information and services in the field of sexual and reproductive health and rights.

FACT travels to colleges to hold multi-activity sporting events that function as community behaviour change campaigns and provide young people with the opportunity to access HIV testing and counselling services. These services are also available at the FACT youth friendly HIV testing centre in Chilobwe, Blantyre; the organization has trained 25 young people both as peer educators and HIV pre-testing counsellors. Meanwhile, four social media influencers are promoting HIV testing on their platforms and spreading messages about youth friendly HIV testing, ART adherence and sexual and reproductive health and rights. FACT also uses its own social media platforms, including Facebook (FACT Malawi), Twitter (fact_malawi) and Instagram (fact.malawi), to promote the project and its aims.

So far, 213 young people have been tested through the project, of whom 14 tested positive with a further 7000 receiving individual, peer-delivered, pre-test counselling. The programme targets those who are sexually active, reaching out to relationship partners and using index testing more widely. Over 300 000 young people have been reached through social media and one-on-one sessions with FACT peer educators.¹⁰ Two college tours, along with six focus group discussions with young people on treatment adherence, supported the promotion of healthy behaviour among young people.





FACT has supported the establishment of two support groups for young people living with HIV, with over 30 members joining in the first two months of operation. These innovative 'comfort corner platforms' provide a safe environment for young people living with HIV to engage with each other, provide mutual emotional support and build confidence. This also helps them to start and adhere to treatment. The comfort corner platforms are part of the project's networks of young leaders living with HIV and youth organizations engaging in the HIV response.

FACT is planning to do research to find out why young people shy away from HIV testing services before or after becoming sexually active. The research will engage the young participants in FACT networks and activities and contribute to future good practice—modifying and guiding policy that will increase their access to services. FACT will also compile the experience, knowledge and skills gained through the local football campaign in a training manual that can be used by other youth organizations in Malawi and elsewhere.

**PROTECTING YOUNG PEOPLE AND
(RE)ENGAGING THEM INTO CARE**

**ETHEKWINI-
DURBAN,
SOUTH AFRICA**



THE INANDA PROJECT

In April 2021, the National Association of Child [and Youth] Care Workers ([NACCW](#)) began implementing a new project in Inanda, one of the largest townships in eThekweni. The community based Inanda Project focused on young people between the ages of 10 and 35, aiming to improve the uptake of HIV and related services. These include prevention (such as VMMC and sexual and reproductive health services) and testing and treatment services for HIV, TB and STIs. It also aimed to improve retention in treatment, bring young people who had dropped out of the system back into care and mobilize communities.

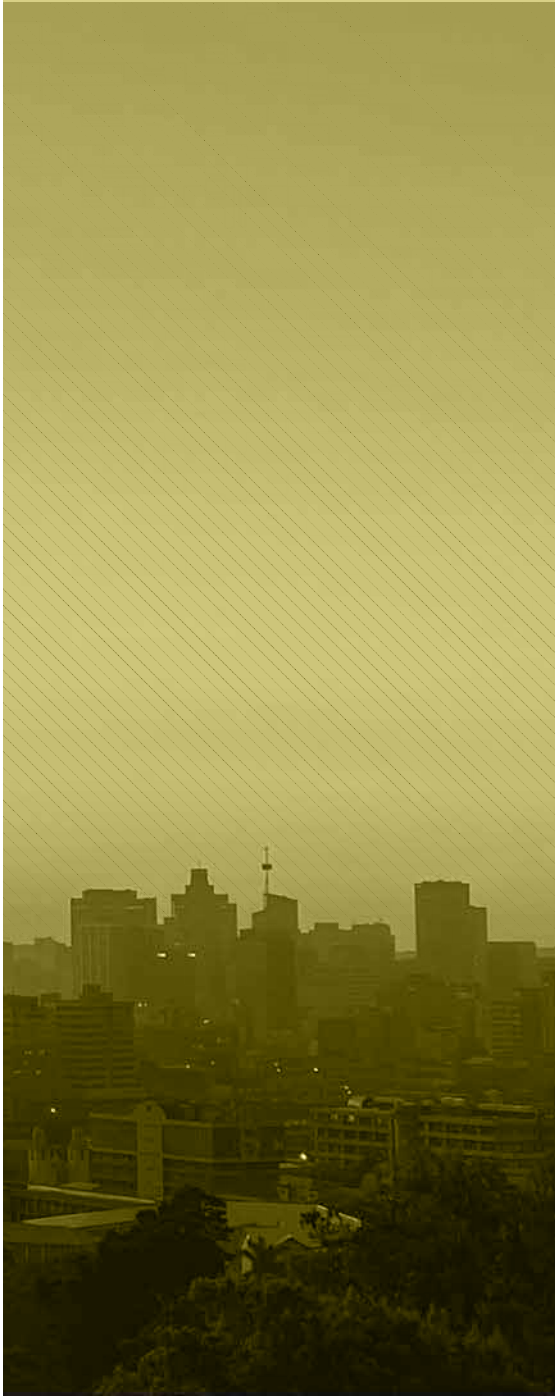
In the municipality of eThekweni, KwaZulu-Natal Province, the Mayor's office is leveraging the success of the Inanda Project for young people to improve services and boost local ownership of, and commitment to, the HIV response.



Young people taking part in the ICASA discussions at the KwaMuhle AIDS Museum, Durban, 7 December 2021.

The province of KwaZulu-Natal has South Africa's highest burden of HIV and eThekweni Municipality is home to 33% of that burden. While the HIV response in the city is not short of partners and resources—with the Global Fund and PEPFAR playing a leading role—coordination between partners can be complicated, and gaps remain. Inanda township is one of eThekweni's most densely populated districts and hosts a number of epidemic hotspots.

The Inanda Project drove change through demand generation activities and anti-stigma work, engaging young people through their peers and working with community leaders to reduce HIV related stigma. By the end of the project in September 2021, 2900 young people aged 10–35 years had been reached with HIV services, including counselling, testing, treatment initiation and retention in care. This was achieved through the 20 child and youth care workers who provided services in five clinics in ten wards, including testing



2200 people for HIV. Nearly 100 community leaders were trained and supported to promote HIV and TB counselling, screening, treatment initiation and retention in care, and over 2700 community members were reached with anti-stigma messages on HIV, TB and COVID-19. More than 80 young people were mobilized to support and motivate their peers through action groups (youth forums). In addition, 180 young people who were no longer receiving treatment were brought back into care.



Youth advocates at the KwaMuhle AIDS Museum, Durban, 7 December 2021.

The project also built strong and lasting partnerships, ensuring that its impact and work will be sustained. Ongoing collaboration between partners and community leaders is helping to maintain continuity of services. The NACCW partnered with the [South African Human Rights Commission \(SAHRC\)](#) and the [Durban Lesbian and Gay Community and Health Centre](#) to support capacity strengthening for community members. The youth forums created through the project continue to be active in their communities. As a result, the project is having a catalytic effect, and partners are continuing work to improve services for young people and boost initiation and retention in care.

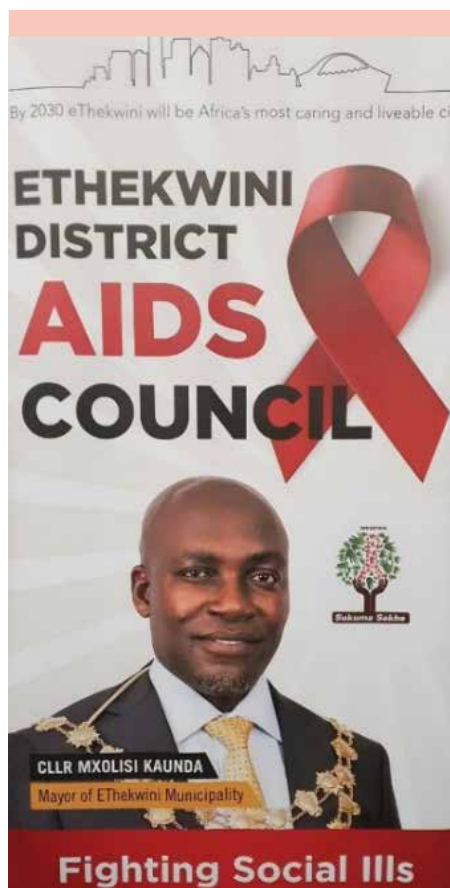
CITY OWNERSHIP AND COMMITMENT

eThekweni's Mayor and his office were closely involved in the conceptualization of the Inanda project and provided close monitoring throughout its implementation. Working group meetings involving the Mayor's office and project implementers are now further strengthening the office's ability to provide project oversight and reporting, bolstering partnerships and improving coordination. Mayor Mxolisi Kaunda and his office are leading the city's HIV response and building local ownership of both domestically and internationally funded programming.



In October 2021, the Mayor launched an initiative to reduce the rate of new HIV infections among young people through an HIV/AIDS, Tuberculosis and STI Behavioral Campaign Programme.¹¹ The city was the first in the province to adopt the programme, led by KwaZulu Natal's Premier. The programme responds to an alarming increase in new HIV infections, especially among adolescent girls and young women and particularly among adolescents aged 13–19 in the Cato Manor township.¹² It also aims to help people get back into treatment, as many of them discontinued treatment during the COVID-19 pandemic out of fear of visiting clinics and hospitals to collect their HIV medication. During the launch, the Mayor pleaded with young people to make use of health facilities to protect themselves and get tested and encouraged those living with HIV to start treatment.¹³ The programme is also one of the ways in which the municipality is accelerating the provision of post-exposure prophylaxis in all health facilities, as well as in the Thuthuzela Centres which provide support for rape survivors.¹⁴

In his World AIDS Day speech on 1 December 2021, the Mayor emphasized eThekweni's continuing efforts to address challenges worsened by COVID-19. Such efforts include the deployment of community health workers to raise awareness and offer HIV testing services in all health care facilities, at community events and in hotspots. The Mayor also highlighted the city's other internationally funded campaigns, including PEPFAR's **DREAMS** project for adolescent girls and young women, launched in the city in April 2021,¹⁵ and the **MINA. For Men. For Health.** project. The latter focuses on men, encouraging them to pay attention to their health and well-being, make use of health care facilities and engage with HIV care and treatment initiation and retention.¹⁶ The Fast-Track Cities project and other key initiatives, together with the political commitment of the Mayor, can help to address remaining gaps and reach communities that have been left behind, and contribute significantly to controlling the epidemic in eThekweni and ending AIDS as a public health threat in South Africa by 2030.



The Mayor of eThekweni, Counsellor Mxolisi Kaunda, promoting the eThekweni District AIDS Council

THE POWER OF PARTNERSHIPS

**JAKARTA,
INDONESIA**



STRATEGIC INFORMATION: COLLECTING AND USING DATA

Strategic information—including HIV estimates and projections and an Investment Case analysis—supports Jakarta policymakers to decide on the priority actions and resources needed to reach key targets—and to advocate for them. The city used a robust process to develop the HIV estimates and projections, beginning with capacity building for university and Provincial Health Office (PHO) staff on the Asian Epidemic Model (AEM) and Spectrum. Training was provided on the AEM tool, including: 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 an investment case analysis.

Jakarta's successes demonstrate the effectiveness of cooperation between a broad range of city and non-city partners. The strength of the city's HIV response lies in: working with communities and harnessing community expertise to reach more people with better services; empowering stakeholders to use information; and building collaboration between the city and community and civil society partners.

JakTrack
Hub Pelaporan dan Informasi Untuk
Akselerasi Fast Track di Jakarta

Jak-Track adalah sistem aplikasi online berbasis web berbasis data, informasi dan laporan kegiatan kegiatan inovatif untuk mendukung percepatan penanganan HIV/AIDS melalui jalur cepat fast track di Jakarta. Dikembangkan oleh Dinas Provinsi DKI Jakarta bekerja sama dengan USA D LINKAGES Indonesia.

Dengan Jak Track, kini kamu dapat melakukan reservasi online untuk pengecekan HIV secara cepat, efisien, dan terjaga kerahasiaannya.

Caranya, cukup dengan mengunjungi **jak-track.id** dan daftar di bagian **Reservasi Tes HIV**

Terdapat pula fitur untuk petugas layanan kesehatan yang mempermudah Tracking untuk mem follow up dan memberikan peringatan kepada pasien agar berobat secara teratur.

Jak Track berupaya membantu menahan laju epidemi HIV AIDS di Jakarta!

JakTrack: Knowledge and reporting hub for Fast-Track acceleration.



The process included analysis of policy and resource needs for different scenarios, as well as assessing cost-effectiveness. In addition to the estimates, the workshop also produced HIV projections for various impact indicators (such as data on the current number of people living with HIV, new HIV infections, AIDS related deaths and prevention of mother-to-child transmission (PMTCT) needs. The data were used in a [strategic policy brief](#).

Jakarta's multisectoral Action Plan, which will be implemented in 2022, is based on these projections and the Investment Case analysis. Consultation meetings with stakeholders, including the Jakarta Provincial and District Health Offices, NGOs and development partners, ensured that the Action Plan is appropriate and inclusive. It is aligned with the National Action Plan on HIV/AIDS and will guide the city's programming until 2024.

Other inputs used by stakeholders to inform programme planning and development include the [Jakarta fact sheet](#) (updated every

semester using data from modelling, integrated biological and behavioural surveys (IBBS), the National AIDS Spending Assessment (NASA), and routine programmatic data). It is used to provide partners with the latest data on the HIV epidemic, programme coverage and human rights. In addition to the Fast-Track City Dashboard, Jakarta has its own dashboard, JakTrack (Knowledge and Reporting Hub for Fast-Track Acceleration) to monitor the HIV response. This was created and is maintained by the FHI360 Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project.

The city is also working to strengthen the capacity of its own staff members and those of civil society organizations in data analysis and use. For example, at a workshop organized by the Indonesian Public Health Association (IPHA) and UNAIDS, representatives of CSOs and networks of key populations were able to learn about different sources of HIV data, how to interpret data and how to use data for advocacy.

INNOVATIONS: COVID-19 ADAPTATIONS

The severe challenges raised by the COVID-19 pandemic served as a catalyst for the implementation of innovative HIV programme approaches that have helped maintain and further improve access to essential HIV services.

Community-led research and advocacy are increasingly central to the HIV response. In Jakarta, the AIDS NGO Forum receives Fast-Track City support to strengthen its role in conducting multisectoral advocacy on HIV. Community-based guidance was developed to improve cross-district collaboration and referrals in Jakarta and Greater Jakarta, and to improve community responses, particularly during the COVID-19 pandemic.

Support was also provided to networks of people living with HIV to conduct surveys assessing disruptions to HIV services and the needs of their members in Jakarta (and elsewhere in Indonesia). The first survey was conducted at the start of the pandemic (the end of March 2020), with a follow-up survey at the end of August 2020. Well over half (57%¹⁷) of people living with HIV in Jakarta only had a one month stock of treatment, and many faced additional challenges, including loss of income and an inability to afford adequate food for themselves and/or their families. The survey included inputs from community-led organizations on how to sustain local, community-delivered services. The survey report was delivered to the Ministry of Social Affairs as part of advocacy for additional funding and interventions.

In response, the Jakarta Provincial Health Office has taken action, with support from LINKAGES, to ensure that HIV services are not disrupted, including by maintaining voluntary counselling and testing services and through multi-month dispensing of ARV medicines. LINKAGES also reinstated a dedicated viral load sample transportation system—Jak-Transport—that uses popular ride-based mobile apps and transport courier services after it was temporarily suspended, and provided drivers with

protective equipment. The system was also adapted and expanded to ensure the home delivery of ARV medicines to people living with HIV using motorcycles or courier services (Jak-Anter).

This dual approach led to substantial improvements in the coverage of viral load testing and access to treatment among those people living with HIV in Jakarta. The costs of home-based ARV delivery were also lower than for clinical visits. Scaling up Jak-Anter could therefore save money, facilitate the promotion of multi-month dispensing and significantly reduce interruptions in treatment, improving retention, adherence and viral suppression beyond the COVID-19 pandemic.



Jak-Anter posters 2020 (Bahasa Indonesia and English). Source: <https://differentiatedservicedelivery.org>

Webinars on mitigating the impact of COVID-19 on the HIV response and highlighting Jakarta's efforts as well as good practices from other cities were organized by the Association of District Health Offices (ADINKES) with UNAIDS and LINKAGES. These helped partners reflect on and improve their responses to the pandemic. Other activities that continued online include partner coordination meetings and PHO/IAPAC trainings. Three IAPAC training modules on reducing stigma in the workplace were integrated into the existing modules of the PHO. These modules cover human rights in healthcare settings and integrating stigma elimination into daily clinical practice, and have reached over 1200 health workers. In addition, existing PHO capacity building training for physicians were supplemented

by materials from the IAPAC capacity building training modules, including on HIV and aging, adolescent care and the integrated management of HIV and non-communicable diseases. Approximately 500 health workers were reached with the capacity building modules. These trainings proved so successful that the PHO plans to move more training online (or use chat platforms such as WhatsApp) even as the situation returns to normal. Online training was more efficient and effective than in-person training, with savings in terms of time, logistics and other resources, and more people were trained than originally planned. There are also plans to integrate the COVID-19 training content developed by IAPAC into national COVID-19 training.

STRENGTHENING COORDINATION AND ENGAGEMENT

None of this work would have been possible without building and strengthening partnerships in Jakarta. Civil society organizations are consulted in the design of all activities and are involved in their implementation. Jakarta has also re-energized coordination of its HIV response through new quarterly stakeholder coordination meetings. These involve national and local government, civil society organizations and other development partners (including LINKAGES and PEPFAR, and Global Fund supported partners). At the meetings, stakeholders discuss quarterly achievements and challenges, share good practices and lessons learned and undertake joint work, such as reviews assessing the city's progress towards the 95–95–95 treatment targets. They also agreed on an action plan to improve Jakarta's treatment retention strategy.



ENGAGING MEN AND BOYS

JOHANNESBURG, SOUTH AFRICA



As in other parts of South Africa, reaching men has been a particular challenge in the city's HIV response. Although the prevalence, incidence and number of new infections are higher among women and girls across all age groups, men are less likely to be tested and start treatment, and are more likely to drop out of treatment. They are therefore less likely to be on ART, and more likely to die from HIV related disease and to transmit the virus.

There are a number of reasons for these patterns. Entrenched gender norms drive high rates of sexual and gender-based violence against women and girls, in turn driving new HIV infections. These same norms discourage men from engaging with health—including HIV—services. All of these behaviours are grounded in generations of practice and are deeply entrenched and normalized.

In Johannesburg, interventions for men and boys are providing friendly and accessible services and helping to change the behaviours that prevent them from seeking health services and drive new infections among their partners.



Men's Forum members at a #NoExcuse event

Johannesburg is therefore making these issues a focus of its activities in the Fast-Track Cities project and is supporting civil society and community-driven action to create change. The Takuwani Riime (Stand Up) Foundation runs the Men's Forum, with 1600 members in Alexandra township alone who volunteer their time to talk to other men about HIV and violence. There are plans to pilot similar initiatives in other areas of the city.



INVITATION

Men's Sector in partnership with Region E Health & Social Development is inviting you to a Men's dialogue on GENDER BASED VIOLENCE

DATE: 11/11/2021 RSVP: Charles Mphahlele
 TIME: 09:00 – 13:00 TEL: 072 500 7696
 VENUE: 3rd Avenue Library, Alexandra
 WAD THEME: Working together to end inequalities, HIV, TB & COVID 19
 Get Tested, Get Vaccinated & Adhere to treatment

Invitation to a Men's Forum dialogue on gender based violence.



THE MEN'S FORUM: WORKING FOR CHANGE

In Alexandra, the Men's Forum implements behaviour change activities for men and boys to address the social and structural drivers of HIV, other sexually transmitted infections, tuberculosis and sexual and gender-based violence. Its model includes: community outreach, activism and advocacy; individual mentoring; and the building of interpersonal skills, including for health (for example, by encouraging exercise and other healthy behaviours among people who use drugs). The Forum mobilizes a wide range of stakeholders, including the police, health promoters, traditional healers, parole officers and counsellors, to spread its messages and increase support for its initiatives.

The Men's Forum has a weekly radio call-in show during which anyone can participate in discussions and ask for health advice (including confidentially through WhatsApp) on the township's longstanding community radio station, Alex FM. The show is broadcast at lunchtime to maximize the reach to men. *Alex News*, the community newspaper, publicizes Men's Forum campaigns and helps to communicate key messages.

The Forum also hosts community and small-group conversations about the importance of HIV testing and treatment and the prevention of gender-based violence, including in places where men congregate, such as taverns. Community leaders, counsellors and others participate in 'men's camps' to build their capacity to mentor other men and boys, including by challenging them to look at their own beliefs and behaviours. Some of the participants go on to complete further mentorship training.

Direct campaigns—including the 'Welcome Back' campaign to encourage men who have stopped HIV treatment to resume it—are conducted in a number of ways: door to door; in hostels; at taxi ranks and malls; and through organizing sports events and talent shows.



Men's Forum volunteers.

The Forum provides practical help to refer men and boys to needed services, including testing and treatment, and accompanies them if needed. It also intervenes in family/relationship disputes to diffuse situations and resolve issues before they require police involvement.

In 2021, the Forum reached 5500 people in Alexandra, the majority of whom were men and boys. Over 2250 people were tested for HIV, of whom 55 were referred to health facilities for treatment and further investigation. More than 110 men and 40 women restarted HIV treatment, while 1200 men and boys were referred to social development services and further counselling.¹⁸



Men's Forum volunteers mentoring young men and boys in Alexandra.

YOUNG PEOPLE AND VIOLENCE: 'TALKING IS THE BEST METHOD'

Violence is endemic in the city. The Men's Forum also works in schools to help prevent young and adolescent boys from resorting to the violence—including sexual and gender-based violence—they might see at home and in their communities. They give talks at the primary and secondary levels, while a 'safety team' helps schools monitor whether children are bringing weapons to school and provides mentoring for particularly vulnerable boys. Parent talks are also provided to help reduce violence at home and increase support for boys. The response has been very positive and there is considerable demand for these interventions.

Mentoring is also a key part of the Men's Forum's outreach to young men, including those who use drugs. These are particularly successful when the mentors are peers who go out into the community and conduct daily conversations with those who do not engage with school, health or other structures.

I was born and raised in Alexandra. I have seen a lot of substance abuse, young people losing their way, going to jail. We need a purpose and goals in life; there aren't many opportunities in Alexandra—things to do instead of drugs. Even the sports facilities are used to buy and sell drugs.

We have plans, but lack resources; we're doing what we can, with the little that we have. I wear my campaign t-shirt in the community, the street kids see me, we talk about the issues that affect them. We can make a difference through engagement and dialogue.

Moses, Men's Forum mentor





During the 2021 unrest in Alexandra, the Men's Forum appealed to Alex FM listeners to refrain from violence and looting. As many of the township's ART distribution machines were broken, the Men's Forum established a temporary walk-in centre in a container at a shopping centre to ensure that people could access their HIV medication and not interrupt treatment. The temporary structure was a success, particularly among men, as it reduced waiting times at clinics and enabled men to visit when they wanted. There are hopes that it will be extended.

COVID-19: MAINTAINING SUPPORT

During the COVID-19 lockdown, interactions continued via Alex FM, a dedicated WhatsApp group and social media. The Men's Forum also provided direct support, mobilizing the community through Alex FM and posters. With support from **Food for Life**, it coordinated donations of food and clothing and distributed parcels to an estimated 1600 families in need. Men's Forum members also patrolled in the community, distributed health pamphlets about the pandemic, and organized reading clubs for young children to promote literacy.

In December 2021, the Men's Forum and partners—including the NGOs **Father a Nation** and **Lifeline**—with **private sector financing**, launched a gender based violence walk-in support centre at the Nobuhle Men's Hostel in Alexandra. The centre provides confidential counselling and support to both men and women in crisis, including referrals for health, social and other relevant services via WhatsApp and a dedicated helpline.

REACHING THE HARD TO REACH

**KAMPALA,
UGANDA**



Kampala's HIV epidemic is worse than the country's situation, with adult (15-49) city prevalence at 7.7% [6.9-8.7%] in 2020 compared with the national prevalence of 5.4% [5.2-5.5%], while its response is inadequate. In 2020, the city has achieved 57-72-95¹⁹ against the 90-90-90 treatment targets, while the country has reached 89-91-90.²⁰ This is in part due to the fact that members of key and other priority populations²¹ are not seeking out HIV services at city facilities, or only seeking out services when they have advanced stage HIV infections. In some cases, they attend private health facilities—which restricts the availability of vital data about the epidemic and response—or self-medicate using pharmacies, which puts their health and that of others at risk. The Kampala Capital City Authority (KCCA) is therefore taking steps to ensure that KCCA facilities provide an atmosphere and services that are friendly to key and priority populations. This includes working with health care staff to improve awareness and decrease stigma and discrimination directed at members of key and priority populations.

In Kampala, stronger city leadership and a commitment to leave no one behind in the HIV response mean better access to services for key and other priority populations, and greater prominence for HIV related messages.

INCREASING ACCESS TO SERVICES FOR KEY AND PRIORITY POPULATIONS

Increasing access to services for key and other priority populations means knowing what services are available. The KCCA has completed a mapping exercise 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](#).



A mobile application providing information on these services and based on the map was launched in October 2021 by KCCA. The app will not only help members of key and priority populations access services, it will also provide data to improve the city's strategic plan for HIV and feedback that can be used to improve the services.

To ensure the involvement and participation of those affected, in-person and virtual meetings were held with young people living with HIV and representatives of key and priority populations, including sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs and long distance truck drivers. The meetings provided opportunities to introduce the concept and obtain essential input and buy-in, with the representatives making suggestions on how to improve the tool. The app has been disseminated in four of the city's five divisions, and training has been provided to KCCA teams and to representatives of key and priority populations and youth groups on how to use it. They will then share this information and knowledge with their peers.

The plan is for the app to be updated with new or revised information on an ongoing basis. This is a key part of the project's design, with beneficiaries able to provide input on how to improve the app at regular stakeholder meetings. For example, representatives of long distance truckers—who constitute the largest proportion of sex worker clients and are an extremely mobile population, making them particularly vulnerable to both HIV and COVID-19—suggested that the app could be broadened to include both HIV and non-HIV services. Uganda also acts as a hub for drivers from neighbouring countries (including the Democratic Republic of the Congo, Kenya, Somalia and South Sudan) as well as refugees, who often do not speak the language or know where to get needed health services. The app could be a key tool in ensuring that these populations can access prevention commodities and get tested. An SMS option for those who do not have smart phones or access to the internet is being considered.

The app itself also enables users—including members of key populations and young people—to communicate their experiences in writing and in confidence, which is important in situations where making a verbal complaint might be dangerous. Ultimately, the aim is to increase access for members of key and priority populations to access HIV prevention and treatment services without stigma or discrimination.

LEADERSHIP AND COMMITMENT

The Fast-Track Cities project has made a real difference in terms of promoting a platform for high-level public commitment to the HIV response. City leaders are enthusiastic about demonstrating this commitment through a range of different communication methods, including radio talk shows and television. For example, district leaders relayed the message that people living with HIV are a priority group for vaccination during radio talk shows about COVID-19 and the city's response.

This leadership has been particularly evident with regard to the new app. Leaders have participated in stakeholder meetings to showcase the fact that the app is tangible evidence of their commitment to an inclusive HIV response and to bringing services to those who need them. They have also addressed confidentiality concerns, making a commitment to beneficiaries that any information shared through the app would remain private and that back-end services would be monitored by both KCCA technical staff and a key or priority population representative.

District leaders have also publicized the app through direct marketing strategies—such as wearing t-shirts with messages about the right of all to HIV related services. An innovative partnership between the KCCA, UNAIDS and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa ([AMICAALL](#)) is improving HIV prevention communication using boda boda drivers. HIV prevention, gender equity and gender-based violence



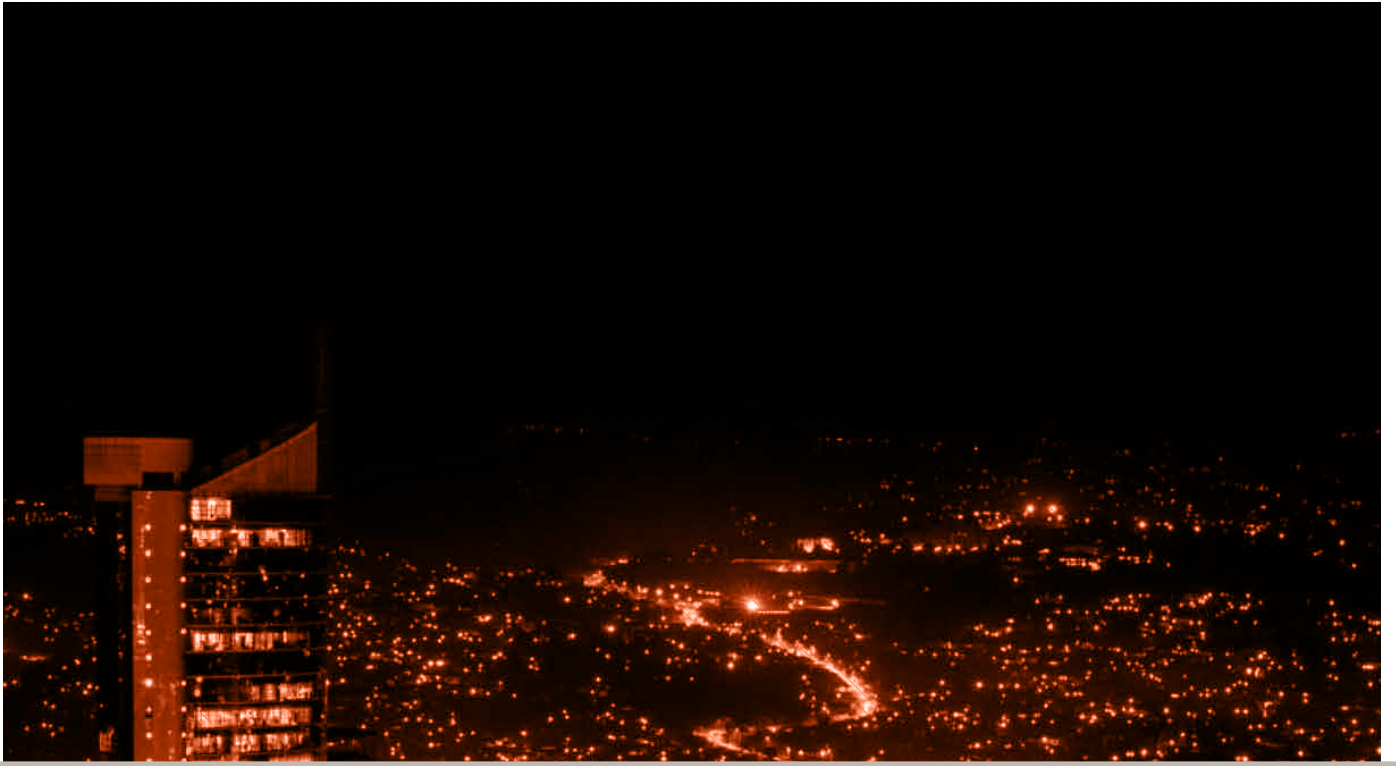


Community advocacy through boda boda drivers.

messages in local languages have been printed on drivers' jackets, which are then seen by a wide audience. Similar masks and stickers have been produced for taxi drivers and their cars. This campaign links HIV with the broader context of both KCCA commitments and interlinked challenges such as gender and COVID-19. Division health education teams, equipped with megaphones or public address systems mounted on pickup trucks, have visited key hotspots, including slum settlements, markets and boda boda ranks, to sensitize communities about HIV.

**ADDRESSING SOCIAL AND STRUCTURAL
BARRIERS FOR KEY POPULATIONS**

**KIGALI,
RWANDA**



INTERLINKED STRATEGIES IN A COMPLEX SETTING

Kigali is strengthening health systems, reaching out to key populations, supporting change in behaviour and improving legal protection against discrimination to create real change on the ground. As a result of these efforts, the city made important progress against the global 90–90–90 treatment targets and in 2018 achieved 91–94–89.²²

Kigali is home to a quarter of Rwanda's people living with HIV, with an HIV prevalence of 6.3%—more than twice the national prevalence of 2.5% [2.3–2.7%] and slightly higher than the national average for urban areas (6.2%).²³ Members of key populations are particularly vulnerable to HIV, with a prevalence in the city of Kigali of 39.6% among female sex workers in 2019 (compared with the national value of 35.5%) and 11.3% among gay men and other men who have sex with men in 2020 (compared with the national value of 4.3%).^{24,25} Most of Rwanda's female sex workers live in Kigali and other cities.²⁶ Adolescent girls and young women, too, are at increased risk of HIV in the city, while migration, poverty and growing informal settlements also increase vulnerability.

Kigali's five year HIV Strategic Plan 2018–2023 supports a coordinated response, with a specific focus on key populations. Targeted attention and resources for these populations could make an enormous difference, decreasing new infections and helping people into testing and treatment. The City of Kigali is implementing a number of interlinked interventions that are helping to make it safer for sex workers and other members of key populations, including making it easier for them to access health and social services.

ADDRESSING SOCIAL BARRIERS

Under the Fast-Track Cities project, the City of Kigali and key stakeholders have undertaken a number of interventions to help ensure that everyone can access quality health services on an equal basis. These include capacity strengthening for over 500 health workers who can now provide friendly services to members of key populations, particularly sex workers and gay men and other men who have sex with men. They can also better reach young people with HIV services, particularly young girls aged 20–24, among whom prevalence is three times higher than among their male peers (at 1.8% compared with 0.6%)²⁷, and address stigma and discrimination. Additionally, a Quality of Care survey developed by IAPAC, involving 421 people living with HIV, helped to contextualize gaps and barriers to accessing quality health services.

Other interventions to address the social and legal barriers to accessing HIV services include reaching out and engaging with law enforcement bodies. Training has been provided to over 300 police and other uniformed personnel covering the links between HIV prevention, gender based violence and human rights. The training helped to: raise awareness and knowledge of the rights of key populations; reduce stigma and discrimination; and promote the provision of friendly services for these populations.

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.

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 uptake of HIV treatment.

This awareness campaign harnesses the power of community and peer networks and is run in collaboration with the Rwanda Network of People Living with HIV (RRP+) and the Rwanda Biomedical Centre.

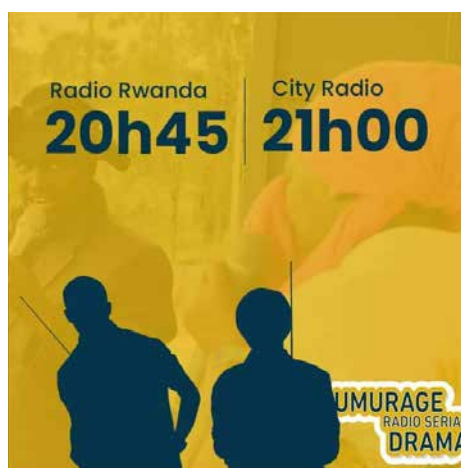
Together, these campaigns have reached over 100 000 people in Kigali through social media, print media, television and radio, notably the serial radio drama 'Umurage'.



Example of a social behaviour change campaign: Kigali city hosted the launch in September 2021 of the national Undetectable Equals Untransmissible (U=U) campaign aiming to increase uptake of HIV treatment.



Promotional materials for the Umurage radio drama series (www.umc.rw).



The city, in partnership with CSOs, undertakes community mobilization and outreach to members of key populations. Partners conduct HIV testing and counselling for sex workers and, when necessary, refer them to treatment and care in health facilities. Activities include training for peer educators in the sex workers and LGBTI communities, including on the legal environment; drivers of stigma and discrimination; human rights; advocacy; HIV prevention, testing, treatment and adherence; and available services and support. Those who have received the training mobilize their peers to access and use HIV and related services.

Kigali is also collaborating with Dream Village, a local NGO led by young people, to provide a package of differentiated services for children, adolescents and young people. It aims to ensure that: they know, understand and accept their HIV status; those who test positive start and remain on ARV treatment; they remain engaged in treatment, care and support services; and they feel cared for, understood, supported and valued. The services are primarily delivered by trained, mentored adolescents and young people living with HIV, known as Community Adolescent Treatment Supporters or CATS. The CATS provide information, counselling and support to other children, adolescents and young people living with HIV through home visits, clinic visits and support groups.

These services are fully integrated within the existing systems and service delivery mechanisms across the HIV care cascade in collaboration with the Rwanda Biomedical Centre and local health centres. The CATS programme has reached over 4000 young people in 11 health facilities in 2021 in Kigali (Remera, Kinyinya, Kacyiru, Kicukiro, Gikondo, Rwampara, Biryogo, Kabusunzu, Cor Unum, Kagugu and Gahanga) and Kabuga facility in Eastern Province.²⁸ Dream Village also supports community skills empowerment and job creation programmes, including: the Bamboo Project; an Organic Agriculture Vocational Training Centre; and the Nook Hub promoting self-determined community learning.



Dream Village CATS
(©Dream Village)



COVID-19: SUPPORTING KEY POPULATIONS

A rapid assessment of the impacts of COVID-19 on key populations has been conducted in five districts: three in Kigali and two in the cities of Rubavu and Muhanga. The assessment aimed to identify the barriers and challenges faced by female sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs in accessing and using both medical and non-medical HIV services. The assessment found that, as a result of COVID-19, many members of these populations have relocated away from Kigali to villages—and they continue to do so. This means they are more difficult to identify and to reach with services and support. Without income, or the ability to make money, and without government assistance, they may not be able to adhere to their treatment and may also engage in riskier sex and drug use practices (from a lack of commodities and/or a lack of choice). The assessment results are being used to inform ongoing advocacy to include key populations in the national COVID-19 social protection plan, which is essential both to their well-being and to the response to HIV.



ADDRESSING STRUCTURAL BARRIERS

At the national level, civil society has successfully advocated against changes in national legislation that would have detrimental impacts on key populations. In 2009, a civil society coalition on health related rights was formed to fight a draft bill criminalizing same sex conduct in the penal code. The coalition was made up of LGBTI organizations, groups representing women living with HIV and sex workers' organizations and was supported by the AIDS Control Commission and Ministry of Health. Due to the work of the coalition, this draft bill was dropped in 2010 and the crime of 'indecent exposure'—which had been used to harass members of the LGBTI community—was removed from the penal code. In 2018, Rwanda revised its penal code, decriminalizing sex work, again as a direct result of campaigning by CSOs involved in the HIV response.

Community advocacy work continues to remove punitive measures against sex workers (including administrative detention) and enshrine protections against human rights violations related to sexual orientation or gender identity. This will help to reduce the stigma, discrimination, violence and marginalization that increase risk among members of key populations and deter them from seeking HIV services. In the meantime, members of key populations who are victims of violence in the districts of Gasabo and Nyarugenge have access to a legal aid support desk and toll-free line established by the City of Kigali with civil society partners.

**CONFRONTING STIGMA
AND DISCRIMINATION**

**KINGSTON,
JAMAICA**



ANALYSING THE EPIDEMIC

With support of the Fast-Track Cities project and UNAIDS, Kingston and St Andrew (Kingston) undertook a situation analysis in 2021 to assess the epidemic and response. The analysis showed that while the city hosts about a quarter (25%) of Jamaica's population, it has over a third (34%) of its diagnosed people living with HIV.²⁹ It also has Jamaica's highest rate of new infections, highest HIV prevalence among people with sexually transmitted infections and highest rates of AIDS related deaths. While some progress has been made in the city's HIV response—82% of the estimated population of people living with HIV have been diagnosed—only 76% of those diagnosed in 2019 were receiving treatment, of whom 84% were virally suppressed.³⁰ The city has some way to go to achieve all three new 95–95–95 treatment targets.

Kingston is responding to the grave challenge of stigma and discrimination, creating safe, stigma-free spaces to reduce the barriers that prevent people from seeking HIV testing, undertaking treatment and accessing HIV services, thereby protecting themselves and others.

The analysis also showed that, as elsewhere in Jamaica, HIV related stigma and discrimination are among the city's greatest challenges and continue to affect HIV prevention and treatment efforts. National studies and reports reveal that people living with HIV experience feelings of shame and guilt about their positive status, as well as discrimination from health care providers and auxiliary workers and fear of marginalization. This undermines efforts to increase HIV testing, while many of those who are diagnosed do not disclose their HIV status, even to family members or sexual partners.

Some populations—notably sex workers, gay men and other men who have sex with men and transgender persons—remain particularly vulnerable and are often not reached with HIV services, resulting in higher HIV infection rates. Despite some reform, key legislative protections are still lacking, particularly to prohibit discrimination based on health status (including HIV status), gender identity or sexual orientation. In addition, same sex intimacy, sex work and some elements of drug possession and use are criminalized.

Stigma and discrimination may be related to HIV status and transmission, or to the stigmatization of sex work, gender and same-sex relationships. Stigma related rejection and shame can lead people into higher-risk situations, such as unprotected or transactional sex, which may increase their vulnerability to HIV. Stigma can also contribute to a reluctance among people living with HIV and those at risk of infection to use HIV services, including testing and treatment services. Among young people, negative and inaccurate perceptions of HIV also contribute to a lack of safe sex practices, with many mistakenly assuming that they are at low risk of contracting HIV.

STIGMA-FREE SPACES

To address these complex challenges, the Mayor of Kingston, Senator Councillor Delroy Williams, and the municipal corporation are working with the [Jamaican Network of Seropositives \(JN+\)](#) and UNAIDS, through the Fast-Track Cities project, to create stigma-free spaces in the city. Since 1996, JN+ has supported the national HIV response to assist people living with HIV, promoting the GIPA Principle (Greater Involvement of People Living with HIV) and community empowerment and engagement. The stigma-free spaces project will engage a wider audience and establish new partnerships that will serve all populations affected by and living with HIV. It also addresses intersectional aspects of stigma and discrimination, beyond HIV, including those related to gender, sex, identity, race, disability, occupation, place of residence, age, socioeconomic status, academic background and workplace, among others. The project steering committee includes the Private Sector Organisation of Jamaica (PSOJ), [Jamaica AIDS Support for Life \(JASL\)](#), [J-FLAG](#), [TransWave](#), [Eve for Life](#), Kingston & St Andrew Municipal Corporation (KSAMC), Jamaica Manufacturers & Exporters Association (JMEA), Human Resources Management Association of Jamaica (HRMAJ), the Ministry of Health and Wellness (MOHW) and UNAIDS.

The Stigma-Free Spaces project covers public spaces such as businesses and workplaces, educational establishments, government offices, places of worship, and sports, social and entertainment venues. In the initial phase, six private and public sector organizations in Kingston have committed to ensuring they are free from HIV related stigma and discrimination and are taking steps to become certified as 'stigma-free spaces'.

These organizations receive targeted sensitization training conducted by JN+ to strengthen the capacity of staff, volunteers and users to create and use stigma and discrimination reduction strategies. The training includes information on rights and complaints channels. Each organization also produces a staff charter encouraging non-stigmatizing and non-discriminatory behaviours towards both clients and fellow workers.

Where possible, they are then assessed using a 'mystery shopping' approach—anonymous client access and use each organization's services and report on them—and a staff survey. These reports provide the basis for certification as 'stigma-free'. Once they are certified, stigma-free spaces can display a plaque or trophy provided by the programme.



'Live Positively' mural on Pechon Street, downtown Kingston

Once the initial stage is completed, the certification programme will be assessed to determine uptake and interest from other entities. Further training will be provided by JN+ to interested organizations.

To publicize the programme, partners are working together to create traditional and social media campaigns, including a launch event and branded give-aways such as cups and pop sockets. To bring the message to as broad an audience as possible, an anti-stigma mural has been completed on a wall next to a major commuter highway in Kingston.

Mayor Delroy Williams is extremely supportive of the initiative and has publicly committed to the creation of stigma-free spaces across the city. He has stated that he wants his office—the municipal corporation (@ksamcorp)—to be Kingston’s first stigma-free space, and that the ultimate objective is for the whole city to be free of stigma.

In November 2021, Kingston’s municipal corporation unanimously passed a [resolution](#) declaring World AIDS Day (1 December) a commemorative day of public interest for the city and committed to a range of activities to help end AIDS as a public health and development concern. In 2021, the municipality worked with private and public sector entities to light buildings and monuments across the city in red and unveiled the mural on Pechon Street. It also developed communication materials shared through both social and traditional media and engaged social media influencers to amplify World AIDS Day messages. Mayor Williams has strongly committed to speaking publicly on HIV and the broader issues of stigma and discrimination in his activities in 2022, including at different forums and through public addresses.

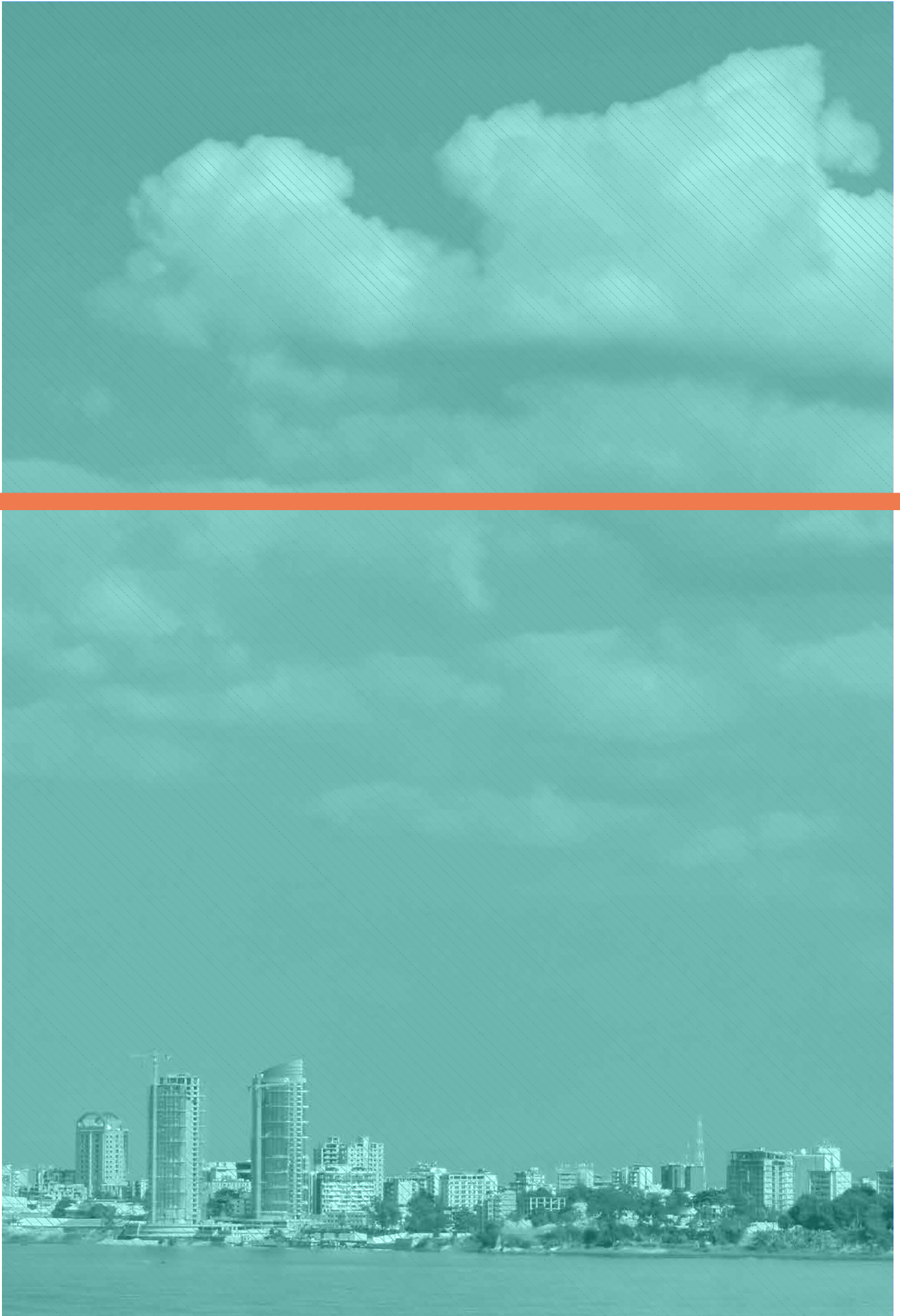




Social media posts by Mayor Delroy Williams in support of Fast-Track Cities and ending HIV related stigma.

**WORKING WITH COMMUNITY-BASED
ORGANIZATIONS**

**KINSHASA,
DEMOCRATIC
REPUBLIC OF
THE CONGO**



LANDELA: USING TECHNOLOGY TO IMPROVE PAEDIATRIC CARE

Paediatric treatment has improved in Kinshasa with the involvement of the local NGO **La Main sur le Coeur** (Hand on Heart), an organization led by women which was established to care for children orphaned and otherwise affected by HIV. With support from the city and UN agencies, La Main sur le Coeur developed the Landela digital platform to improve HIV services for women and children. The tool was then rolled out in hospitals, including maternity hospitals. It uses a unique identifier with fingerprint and QR code to reduce double counting of women and children living with HIV and to improve patient follow-up. Landela is accessible in two versions: a web platform and a mobile application.

Kinshasa is working with community-based organizations to improve and increase the uptake of HIV services, including for paediatric and maternal care and treatment. Almost a fifth (19%) of the Democratic Republic of the Congo's population living with HIV reside in Kinshasa, where resources are often limited and a number of services are difficult to access. Working with communities can improve the efficiency and effectiveness of resources and ensure that services are both accurately targeted and appropriate.



Training for health care workers on the Landela mobile application



Peer educators who provide community-based support for adolescents living with HIV, including for adherence.

The Landela platform enables the digitization of patient files and helps health care staff to: monitor and manage stocks of ARV medicines; access to HIV services; adherence to treatment; and medical prescriptions. The project also supports 12 peer educators who provide community-based support for adolescents living with HIV, including for adherence.

Landela was launched in the Kalebelembe paediatric hospital (the largest in Kinshasa) and has significantly improved service quality and delivery and retention of care among pregnant women and children living with HIV. Both treatment coverage and adherence to treatment have increased. As a result of this success, Landela has now been rolled out in four additional maternity wards and two additional hospitals (including Camp Lufiungala Police Hospital,) as well as in four other cities (Goma, Kisangani, Lubumbashi and Mbuji-mayi). Since the start of the project, 70 health care providers and peer educators in all of these locations have been trained in the use of the Landela mobile application, and 107 women, young people and peer educators have learned about the prevention of mother-to-child transmission of HIV.

COMMUNITY ART DISTRIBUTION

The Réseau National d'Organisations à Assises Communautaire (RNOAC) is a national NGO that provides treatment and psychosocial support for people living with HIV, and combats HIV related stigma and discrimination. In collaboration with the city, RNOAC runs community ART distribution points (PODIs) to help increase ART adherence. Clients collect ART refills from the PODIs—staffed by expert peer volunteers—

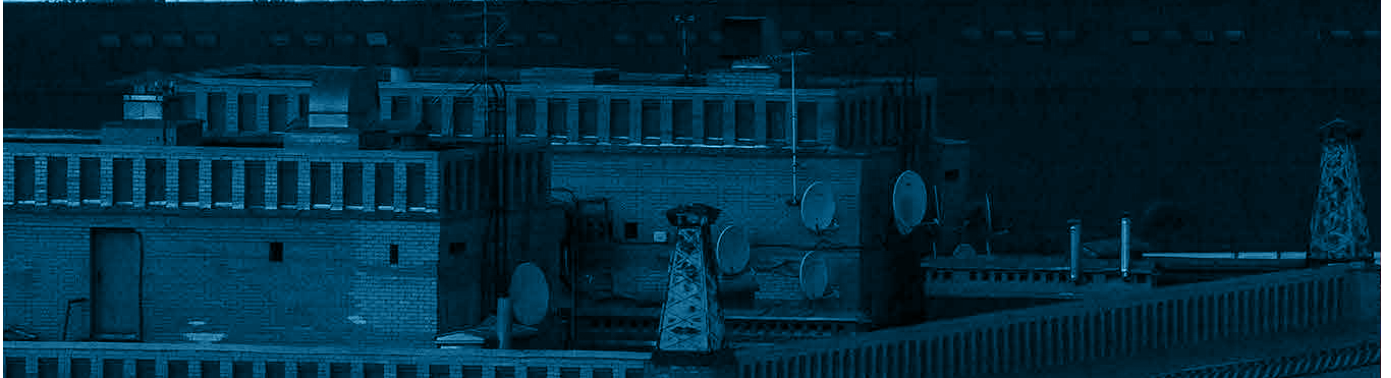
every three months. They are screened for weight and basic symptoms and referred if they are unwell. They can also access support for group adherence efforts. Every year they must attend a health facility for laboratory tests as well as clinical monitoring and assessment by a nurse and/or doctor, who will also renew their ART prescription. In 2020, eight of the city's 448 ART sites were PODI, serving 19 148 patients, of whom 211 were new clients.³¹

During the COVID-19 pandemic, the PODIs have been even more vital in ensuring uninterrupted access to treatment for people living with HIV. Training has been carried out for ten health care providers and 20 community-based peer experts to improve the care provided to 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 provided alerts in case of ARV stock-outs and issues in accessing services (including those related to stigma and discrimination), and shared information on COVID-19.

Kinshasa was the epicentre of the country's COVID-19 pandemic, with over 59% of all confirmed cases in October 2021.³² From the start of the pandemic, HIV stakeholders have worked with others in Kinshasa and at the national level to advocate with the Global Fund for access to emergency funds to ensure continued care for people living with HIV. As a result of this advocacy effort, Kinshasa and the rest of the country have benefited from US\$ 32 702 672 in 2020 and US\$ 19 246 197 in 2021³³ to mitigate the impacts of COVID-19 on HIV, TB and malaria programming. The National AIDS Control Programme (PNLS) and the National Multisectoral Programme for the Fight against AIDS (PNMLS) worked with networks of people living with HIV (**UCOP+** and **Femmes Plus**), and with the support of UNAIDS, WHO and PEPFAR, to ensure the best use of these funds.

**COMMUNITIES, STRATEGIC
INFORMATION AND INNOVATION**

**KYIV,
UKRAINE**



FLAGSHIP RESEARCH TO IMPROVE THE RESPONSE

Two recent research projects, undertaken with affected communities, demonstrate the strengths of Kyiv's engagement with partners, and the importance of such initiatives to improve services and the lives of people living with HIV.

People Living with HIV Stigma Index 2.0

Ukraine's national network of people living with HIV, 100%LIFE, completed a study of stigma and discrimination in 2020—the world's first city-level People Living with HIV Stigma Index. The *Kyiv People Living with HIV Stigma Index* adapted the GNP+ Stigma Index methodology, protocol and questionnaire to Kyiv's specific context and populations. Peer implementers from 100%Life collected data from people living with HIV and members of key populations. The survey generated a unique body of evidence relating to stigma and discrimination towards people living with HIV, as well as on treatment uptake and treatment related behaviours. The Stigma Index survey report was widely disseminated, including on the UNAIDS and Kyiv City Public Health Centre (KCHPC) websites and through stakeholder meetings.

The Stigma Index data serve as a baseline for programming and for the monitoring of stigma and discrimination in the city. The data suggest that while encouraging progress has been made, worrying trends persist. In particular, 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 ART had interrupted treatment in the previous year, even before COVID-19 disrupted treatment access. The scale-up of HIV treatment in the city needs to be accompanied by community-level psychosocial services and support for

The HIV response in Kyiv is built on strong leadership and established and coordinated partnerships between the city authorities and communities. They work together to improve understanding of Kyiv's epidemic—focused among people who inject drugs, gay men and other men who have sex with men and sex workers—and identify the necessary solutions. The war in Ukraine is having a devastating impact on the country and its people. Continued support has been provided to address the HIV-related emergency needs of key populations and people living with HIV in Kyiv.

adherence. Further efforts are also needed to eradicate stigma and discrimination in health care settings, particularly during the ongoing process of decentralizing HIV treatment.

Rapid assessment: The drug scene in Kyiv

With support from the Fast-Track Cities project, the KCHPC, Institute for Social Research (ISR) and UNAIDS collaborated on a rapid assessment of the local drug scene to help strengthen Kyiv's HIV prevention services for people who use drugs. The city's partners need up to date information about: changes in the drug scene; the particular risks run by people who use drugs of both contracting and transmitting HIV; and the services available to help mitigate these risks.

KCHPC and the ISR reviewed the available data and publications, developed questionnaires and implemented the survey. The rapid assessment report was completed in January 2021 and revealed a decrease in opiate users and increase in users of stimulants compared with 2015. This means that Kyiv's current harm reduction strategies—including undersubscribed government methadone maintenance therapy clinics—are no longer as appropriate as stimulant users require more clean needles and syringes and condoms than opiate users. It also creates challenges in service delivery, as stimulant users are more likely to use online dealers (for example, through darknets), or to create products themselves using components available at pharmacies. They are therefore more 'invisible' and less likely to be publicly accessible to service providers.

The report included recommendations in three main areas: harm reduction and drug use prevention; strategic information needs in drug use and prevention; and changes in legislation to remove legal barriers to harm reduction programmes. Specifically, the city needs to introduce demand creation for OST among people who inject drugs, as well as targeted HIV prevention services for non-injecting drug users. The key findings and recommendations were presented to city stakeholders in April 2021.

Using strategic information for HIV planning

Both the Stigma Index and the drug scene rapid assessment, as well as the 2019 Kyiv AIDS Spending Assessment, have been used to improve strategic planning for the city. The process of developing the 2022–2025 Municipal Public Health Programme and the 2022–2026 Municipal AIDS Response Programme benefited from the data, analysis and recommendations. As a result, the new Public Health Programme includes: coverage for PMTCT of HIV; HPV vaccinations for adolescent girls, including those who are living with HIV; and the procurement of OST drugs, HIV rapid tests and medicines to treat opportunistic infections.

The new AIDS Response Programme includes activities to overcome stigma and discrimination, improve treatment outcomes and modernize HIV prevention among people who use drugs. Implementation by civil society and community organizations will help to counter stigma and discrimination and protect human rights, including the basic right to health.

ADDRESSING NEW AND EXISTING CHALLENGES

While the rapid assessment identified the new challenge of increased stimulant use, the COVID-19 pandemic created an entirely unexpected set of problems for the HIV response. These challenges add to and compound existing issues, but Kyiv's systems have proved themselves to be robust and flexible enough to adapt successfully to these changes.

For example, UNAIDS and UNODC are piloting services for stimulant users in the city, while community service providers are adjusting delivery methods: peer workers provide needles and syringes, as well as linkages to testing and services, near the pharmacies where people buy the components to 'cook' drugs.

Kyiv's response to the COVID-19 pandemic has had even greater impacts on the future of the HIV response. No single person interrupted treatment or was lost to follow-up during the city's 2020 COVID-19 lockdown. This is due to the city's thriving and empowered CSOs, including communities of people living with HIV and key populations, who work in strong partnership with the municipal government.

Anyone with a diagnosis of HIV in Kyiv is linked to care and starts treatment. Kyiv did not use HIV laboratories to run COVID-19 diagnostics and continued the decentralization of HIV testing to primary level health care facilities, meaning there was no deterioration in timely diagnosis, and services were maintained for newly diagnosed people and in emergencies.

However, municipal transport did not operate, and many people living with HIV could not visit their doctor to get their ARV medicines. Kyiv's 100%LIFE Kyiv social workers therefore packed and posted 50–70 parcels of medicines weekly to people who could not visit a doctor. 100%LIFE arranged a 20% discount with Ukraine's two biggest postal operators (Ukrposhta and Nova Poshta), enabling it to reach more people. Individual consultations were maintained online. It also provided a basic food supply and food coupons to the 156 people living with HIV for whom it provides palliative care.

In the absence of municipal transport, social workers organized transport for people testing positive from the testing centre to one-stop community clinics to receive follow-up services. This included confirmatory HIV testing, electronic registration, enrolment in health care and prescriptions for treatment. Where necessary, clients received additional legal and medical consultations.

During the five months of the 2020 COVID-19 quarantine, 107 of the city's 546 new HIV diagnoses were made by the All-Ukrainian charitable organization Convictus Ukraine.³⁴ It also organized food supplies for members of key populations who lost their sources of income and 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 promotes HIV self-testing and organizes the distribution of oral self-tests to those who are not able to visit outreach sites in person.





Mobile outreach unit from the NGO Convictus.

The community-run Drop In Centre provides a basic package of HIV prevention for people who inject drugs. During the lockdown, the outreach centre was relocated and new centres were opened to make them accessible on foot. Social workers received public transport passes to reach the centres if necessary, and clients of the most remote centres received mobile outreach. At the centres, information about COVID-19 precautions were added to information materials about HIV prevention. Thanks to funding from the Global Fund, staff and clients received face masks and hand sanitizer.

The 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, STI prevention and HIV. Teenergizer continued to offer personal online consultations on treatment adherence to adolescents living with HIV.

These adaptations and innovations can be used to maintain and increase access to services, particularly for key populations, in the future HIV response. Building cooperation with community-based and CSOs and contracting them to provide HIV services will be key to Kyiv's continued success.

**ENGAGING THE PRIVATE SECTOR AND
PROTECTING YOUNG PEOPLE**

**LAGOS,
NIGERIA**



ENGAGING THE PRIVATE SECTOR

LSACA is working in close collaboration with the Fast-Track Cities project and the private sector to improve the city's HIV response. The agency has established strong partnerships with 30 key private sector players in Lagos to promote the integration of Nigeria's **National Workplace Policy on HIV/AIDS**, which aims to protect people living with HIV and promote and ensure respect for their rights. Human resource managers at each of the 30 organizations received workplace policy documents for adoption and distribution, helping to inculcate sensitivity to HIV issues into their operations. LSACA also provides: training on the use and implementation of the workplace policy covering basic facts about HIV; the rights of people living with HIV; countering stigma and discrimination in the workplace; and how to respond to rights abuses and refer cases to the appropriate authorities. Existing policy documents will be updated by the organizations taking into account new issues related to the COVID-19 pandemic.

The Lagos State AIDS Control Agency (LSACA) works to achieve Fast-Track Cities project objectives with a number of partners. It has engaged the private sector in initiatives to improve HIV sensitivity in workplaces and to fund the HIV response. It has also worked with teachers and youth oriented service workers to improve education and services for adolescents and young people.

The intervention has already had an impact, not least the initial willingness of organizations to adopt the policy and commit to building sensitivity and action around HIV. The partners have established on-site sensitization and awareness campaigns and assigned responsibility for working with HR managers to ensure respect for the HIV related rights of staff members. LSACA continues to monitor the implementation of the national policy. The State government will now work to increase the reach of the initiative and bring on board more private sector organizations within and beyond Lagos city.

Other initiatives have also strengthened private sector engagement. A private sector round table meeting is held quarterly, and participants have been actively engaged in mitigation measures and support for people living with HIV during the COVID-19 pandemic. This includes 1000 packs of emergency supplies as well as food and hygiene items.

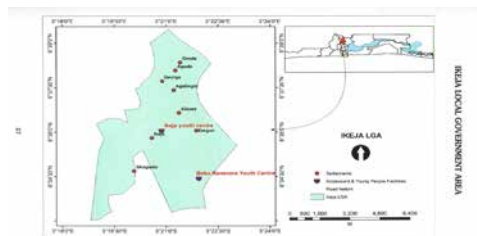
The **Nigeria Business Coalition against HIV/AIDS (NiBUCAA)**, a group of private sector organizations, is also working very closely with the Fast-Track Cities project to champion the adoption of the workplace policy among its members. The coalition's corporate network, including extremely high profile organizations such as Total Oil, Chevron, Shell, the Dangote Foundation and financial institutions, also contributes funds to the city's HIV response.

A meeting between high profile stakeholders, including the Executive Governor of Lagos and the managing director of Access Bank Plc, one of Nigeria's leading financial institutions, was held to catalyse an increase in private contributions to the HIV response through the **HIV Trust Fund of Nigeria (HTFN)**. This new private sector initiative, promoted by NiBUCAA and Nigeria's National Agency for the Control of AIDS (NACA) and supported by UNAIDS, will increase such contributions to around 10% of the national AIDS budget, up from 2% in 2016.³⁵

MAPPING AND IMPROVING YOUTH-ORIENTED SERVICES

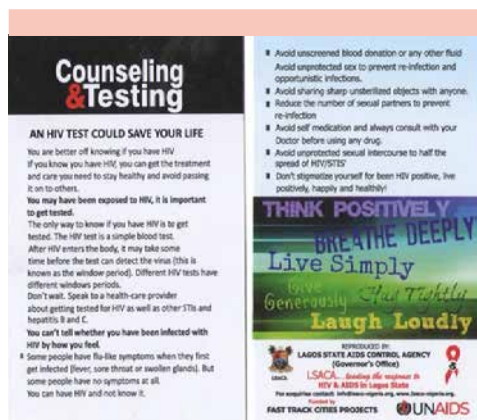
Following analysis of city data that showed a lack of adequate programming for adolescents and young people, LSACA and UNAIDS undertook an exercise to map community structures and services for this population in Lagos State, including geographical distribution, types of service and gaps. The mapping was intended to assist in the integration of prevention and testing interventions for young people, which will increase equitable access to these services (including the distribution of self-test kits).

The process included facility surveys and GPS coordinate mapping in Lagos State's 20 local government areas. Using its contacts with networks of young people, UNAIDS assisted in locating and reaching sites and facilities that were remote and/or difficult to access.



Sample map: Programming for adolescents and young people, Ikeja LGA.

A total of 36 structures for adolescents and young people, including community centres, were identified, of which 27 were functional. The map and report were disseminated to youth networks and organizations, implementing partners and other CSOs working with this population. They serve as a 'directory' of the location of, and services provided by, the centres and thereby increase access to and uptake of services.



Example of the campaign: Promoting counselling and testing

The city has also produced leaflets, posters, booklets and stickers to promote HIV prevention services among adolescents and young people and members of key populations. These materials were distributed, along with self-testing kits, to 31 of the structures, resulting in increased uptake of HIV testing services by young people. Other activities conducted by partners include: training of health care workers and HIV counsellors in the structures to provide HIV services in a safe and stigma-free environment; promoting self-testing; and updating their HIV testing skills. Targeted community HIV testing is conducted in high-burden areas.

As a result of these activities, approximately 2700 adolescents and young people have already received HIV, reproductive and sexual health and related services in the 27 functional facilities.

The mapping exercise also provided baseline data on levels of access to these services by adolescents and young people to these services, which will be used in the design of targeted interventions. A workplan to guide planning, coordination, monitoring and evaluation of such interventions has been developed and is being used by stakeholders and partners.

LSACA and other Fast-Track Cities project partners also engage with key and vulnerable populations in the planning and implementation of activities. For example, young people living with HIV were hired as research assistants for a quality of care survey implemented by IAPAC and the State Ministry of Health.





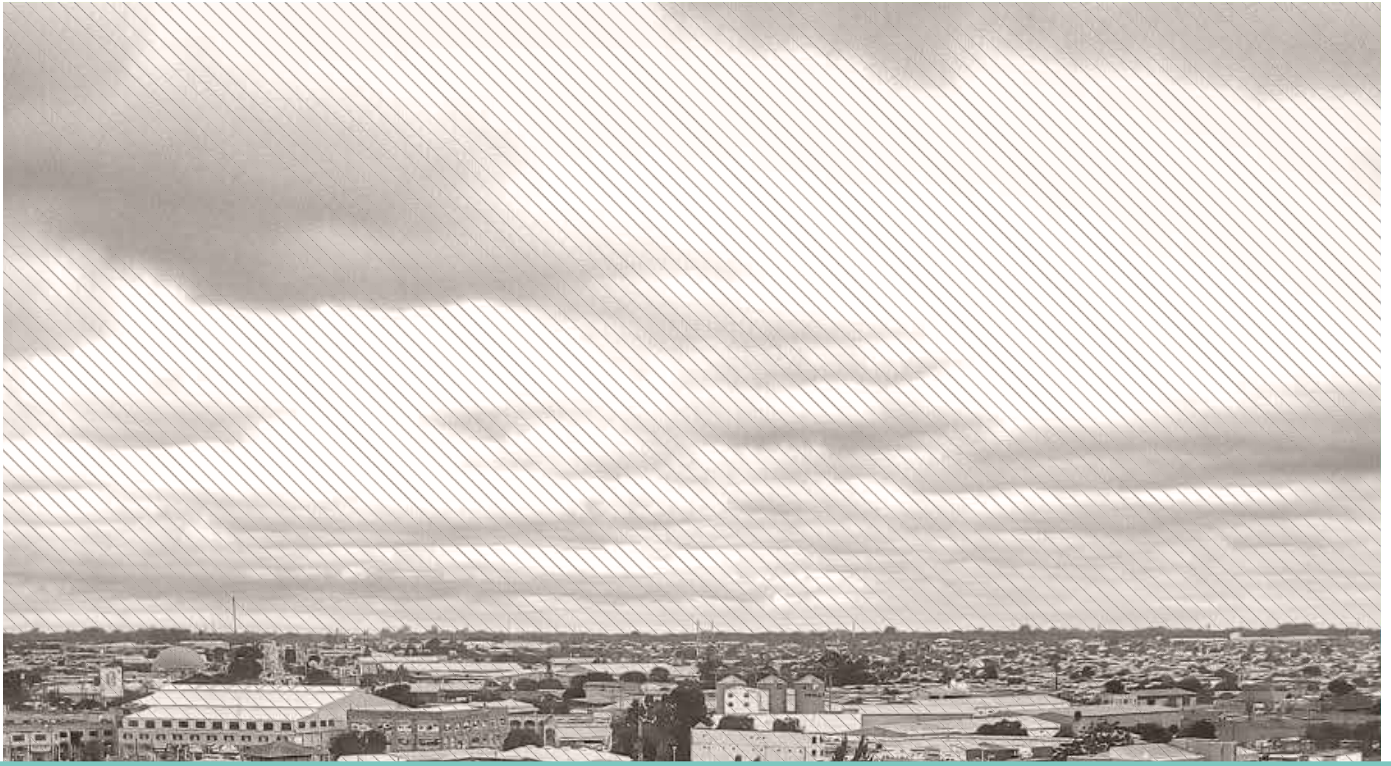
COMPREHENSIVE SEXUALITY EDUCATION

Adolescents who receive comprehensive sexuality education are less likely to engage in sexual activity and more likely to engage in safer sexual behaviours. Recognizing this, Lagos recently revitalized the Family Life and HIV Education (FLHE) programme in the city's public secondary schools. The FLHE curriculum is taught to junior secondary school students during basic science and social studies courses and covers adolescent sexuality and reproductive health.

Crucial to the success of the programme is ensuring that the teachers are fully capable of teaching the courses in the FLHE curriculum. This includes increasing their knowledge and awareness of—and comfort with—the content and enhancing their classroom delivery of the often-sensitive FLHE concepts. A five-day train the trainers workshop was held for 38 teachers in early 2021; since then, participants in the workshop have trained a further 378 teachers in all six education districts in Lagos State. Specific emphasis was placed on gender inequalities, the sexual experiences of young people and their right to accurate sex and sexuality related information and services.

**EVALUATING, COORDINATING
AND EMPOWERING**

**LUSAKA,
ZAMBIA**



The city's model for success is being expanded to other parts of the country, particularly in the Copperbelt, Eastern and Southern Provinces, which have similar epidemiological profiles. City representatives, as members of the National HIV/AIDS/Tuberculosis/STI Council Technical Working Group, are also using their experiences to develop HIV policies, guidelines and strategy. These include Zambia's National AIDS Strategic Framework and applications for PEPFAR and funding from the Global Fund.

LEADING AND COORDINATING

Key to the success of Lusaka's improved HIV response has been the establishment of Fast-Track Cities steering and technical committees. These committees guide the implementation of the response using strategic information and specific expertise—including from affected communities—and ensure improved coordination and collaboration among implementing partners.

As a result of strong political and financial support from the city—including a 50% increase in the city budget allocation for HIV and gender-related activities—Lusaka is making significant improvements to its HIV response. A Fast-Track action plan, with a dedicated monitoring and evaluation unit and robust coordination mechanisms that include affected communities, has contributed to a better understanding of the city's epidemic and needs and to improved programming and services.



Community activist campaigning against stigma and discrimination in Lusaka.

The steering and technical committees are convened by the city of Lusaka and [AMICAALL](#). Meetings have continued despite the constraints imposed by the COVID-19 pandemic, with WhatsApp groups and virtual meetings taking the place of physical meetings, where necessary. The steering committee provides oversight for Fast-Track Cities project activities in Lusaka. The technical committee meets regularly to develop annual Fast-Track Cities workplans and budgets, and to monitor their implementation. It also produces training materials for community and leadership development.

In 2020, a new innovations team was established under the technical committee. This multisectoral team includes representatives from key HIV organizations: networks of people living with HIV; sex workers' organizations; faith-based organizations; and the LGBTI consortium. It works to identify and promote cost-effective, efficient and sustainable community-led initiatives.

The Fast-Track Cities 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—including through capacity building workshops organized by the technical committee to strengthen recognition of both the successes of the response and of major structural, social and legal response gaps and constraints. They also provided orientation training to the newly elected Mayor and 38 Ward Councillors, and provided support for the Mayor's Fast-Track Champions campaign, with awards for councillors who contributed most to the city's HIV response. As a result of these activities, the City Council has increased resources for HIV and gender mainstreaming in the city's annual budget by 50%.³⁶

The committees also campaigned for and developed Lusaka's inclusive and participatory Fast-Track Action Plan for 2020–2023, launched by the Mayor in December 2020. This guides the city's multisectoral HIV response over a longer period, enabling a broader strategic focus. The action plan addresses gaps and barriers in the HIV response, with specific emphasis on the city's key and other vulnerable populations.

Community groups have been engaged as implementing partners in accelerating the provision and uptake of HIV related services under the Action Plan. These partners, as well as city staff and other stakeholders, receive capacity-building and mentorship assistance from the Fast-Track Cities project to monitor the Action Plan. The District Medical Office also provides support for the mapping of all Action Plan implementers, which began with a desk review of registered service providers, their locations, their partners and their resources. When completed, the map will enable city residents to access the HIV and related services they need more easily.

EMPOWERING AND SERVING COMMUNITIES



Launching the HIV Fast-Track Action Plan with the Mayor of Lusaka, Miles Bwalya Sampa, Director General of the National HIV/AIDS/STI/TB Council Connie Osborne, and UNAIDS Country Director Tharcisse Barihuta.

Empowering the community organizations that implement Lusaka's HIV projects helps them to engage more effectively with the communities they serve. Most recently, the city has identified 15 key organizations and networks of people living with HIV and members of key populations (including sex workers) in wards with particularly high HIV burdens in all seven of Lusaka's constituencies. These organizations will be recruited for the social contracting of HIV services—and will receive training so they can better implement community-led, high impact interventions that improve uptake of testing and prevention services and linkage to treatment and care. Through the Fast-Track Cities project, IAPAC and the International Treatment Preparedness Coalition (ITPC) also deliver regular training sessions. These help to educate and empower community peer educators and improve the quality of services provided by health care workers (including by reducing stigma and discrimination). Through these activities, increasing numbers of people are being reached with HIV related services.

MEASURING AND EVALUATING: USING DATA TO FAST-TRACK ACTION

Lusaka benefits from a solid—and improving—body of HIV related strategic information. The Fast-Track Cities technical committee uses this information to advise city councillors and inform decision-making in terms of focus on geographical areas and populations of concern, including for the annual Fast-Track City workplans and the Fast-Track Action Plan 2020–2023. It has also been used in advocacy efforts with the City Council for HIV financing in the 2021 city budget.

The city's strategic information comes both from partners and from its first-ever monitoring and evaluation (M&E) unit, established in 2019. Buoyed by committed resources and hard work from the city and partners, it now has the capacity to collect and analyse HIV data—producing 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.

Staff from the M&E Unit and Planning Department have received training in the use of programme, secondary and census data and estimation models, as well as the different sources of health and HIV data and HIV data analysis. The training was organized by AMICAALL, Zambia's National AIDS Council (NAC) and the District Health Information Unit.

As a result, the M&E team can compile HIV situation reports at the city and ward levels, generate estimates for the 90–90–90 treatment targets for Lusaka city for 2018,



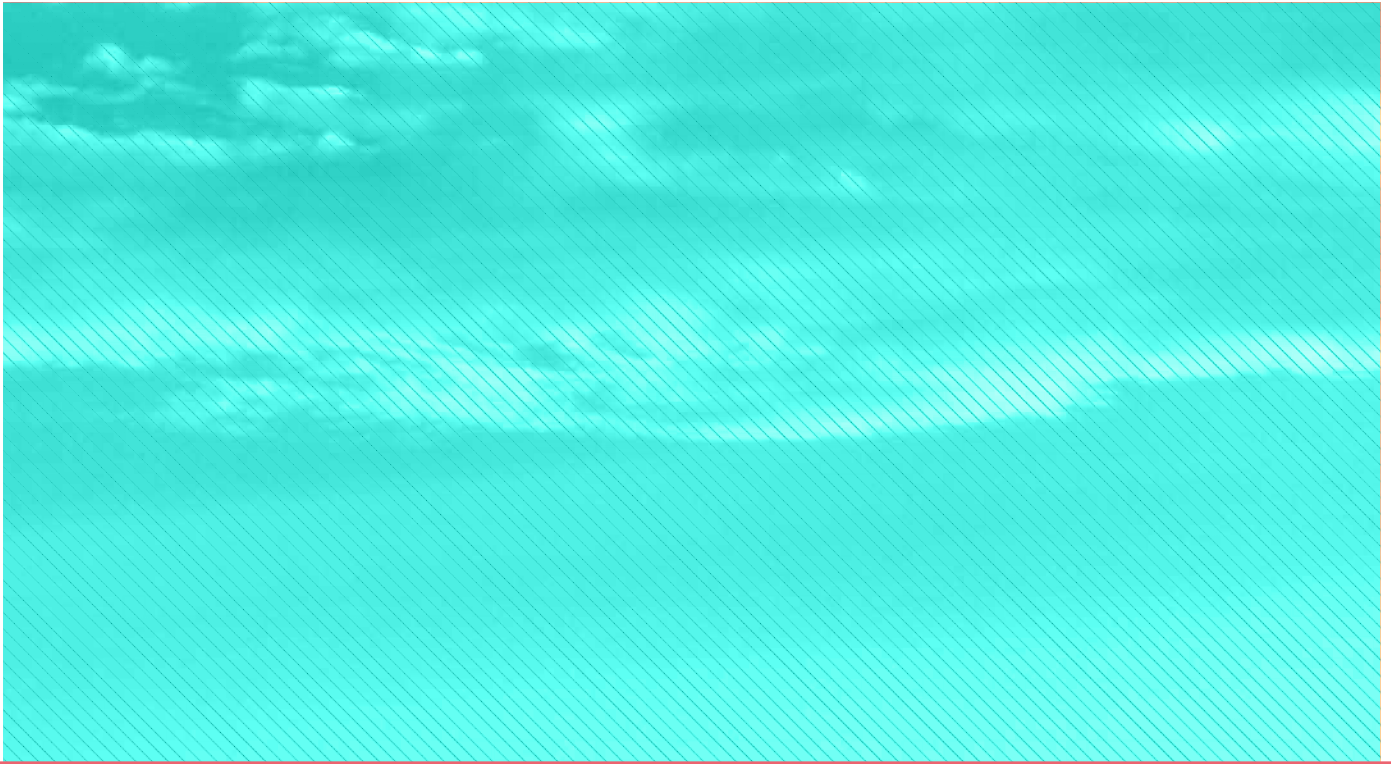


2019 and 2020, and build capacity to do so for the new 95–95–95 targets. The M&E team collaborated with IAPAC to report these data on their Fast-Track City dashboard. The unit’s data also contribute to Lusaka’s input to the NAC, which is responsible for UNAIDS Global AIDS Monitoring (GAM) reporting.

Following an agreement with the city, the District Medical Office also shares subdistrict-level geospatial data and strategic information on HIV with city leaders and management to inform decision-making. This includes relevant information from the District Health Information Management System (DHIS), and unit staff members have been given access to and training in the use of the system. Integrated Health Situation Room hardware and software have been installed in the Mayor’s Office to permit easy access to national level health related information.

**POPULATION AND LOCATION—
TARGETING HIV SERVICES**

**MAPUTO,
MOZAMBIQUE**



INTERPRETING THE DATA

Maputo faces a complicated situation in terms of data collection and analysis. In terms of administration, Maputo City is its own province (distinct from Maputo Province), but also belongs to the Maputo Metropolitan Area, together with the nearby areas of Matola and Marracuene. There is a great deal of regular movement between these cities, with people living and working in different places. As a result, for reasons of convenience, stigma and discrimination, and cost and time, they do not necessarily access HIV and other health services in their city of residence.

This creates challenges for collecting and interpreting HIV related data, both in terms of prevalence and uptake/use of HIV services, and in understanding the dynamics of Maputo's epidemic and the needs of its population. For example, the data show that service coverage exceeds population estimates—presumably because people are accessing services in Maputo City when they live in Maputo Province. It has therefore been difficult to identify the people and places that merit specific interventions, and to plan an HIV response that addresses real needs.

To address these challenges and to more accurately inform programme planning, Maputo initiated a major data exercise in 2021 to create a more reliable picture of its HIV epidemic. Provincial level epidemiological data were merged using the Spectrum software to allow the city to generate robust HIV estimates. Correction factors were applied to adjust for previous overestimation of service coverage in the city and underestimation in the province. Corrected estimates showed ART coverage of 80% in Maputo Province and 78% in Maputo City.³⁷ These estimates have been used to develop strategic information products to support policymakers 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. A new analysis is being undertaken to produce HIV estimates for 2022.

The Fast-Track approach, including the Fast-Track Cities project, is centred on the dual issues of population and location: providing the right services where they are needed for those who need them most. In Maputo, data are being strengthened for a better understanding of the dynamics of the epidemic in the city and its surrounding area, and to reach young people who have been left behind in the response.

Maputo is also creating its own prevention scorecard, similar to the **Mozambique** national card, with HIV data collected for all three cities in the Maputo Metropolitan Area. This refined and more accurate information will be used to ensure that appropriate HIV services are available where they are needed by people living with HIV, members of key populations and others affected by HIV.

REACHING THOSE LEFT BEHIND

A new initiative is using the available evidence to ensure a targeted response. The data are clear: young people aged 15–24 are being left behind in the city, in part because they have distinct needs—particularly for differentiated services. They also have different expectations from services and specific challenges, including peer and community stigma about young people accessing HIV services.

Recognizing this gap, Maputo is piloting a Higher Education Initiative (HEI), the results of which will inform a national programme. The HEI uses the population/location approach, focusing on increasing uptake of HIV services among young adults in specific locations, notably higher education campuses. The initiative has garnered high level political commitment, with a formal launch in September 2021 by the Minister of Higher Education, Science and Technology and the Minister of Health. Rectors of higher education establishments and the National AIDS Council Executive Director also participated in the launch.

Under the HEI, a first cohort of teachers and students who will act as focal points and peer educators, respectively, has received training 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 are currently mobilizing students and peers to create demand for HIV services, and to assist them to access these services as necessary. HIV prevention and treatment services will be

provided by implementing partners, including PEPFAR, on campuses. These partners will measure the impact of the project on uptake of services and will report on progress against specific targets.

Ultimately, 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.

The HEI pilot programme is an excellent example of leveraging Fast-Track Cities successes to influence wider programmes and initiatives. Not only will the pilot have real impacts on uptake of services for the target beneficiaries—young adults both in and outside higher education—but the results and lessons learned from its implementation can be applied to broadening the scope of the programme. It also provides evidence of the ways 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.



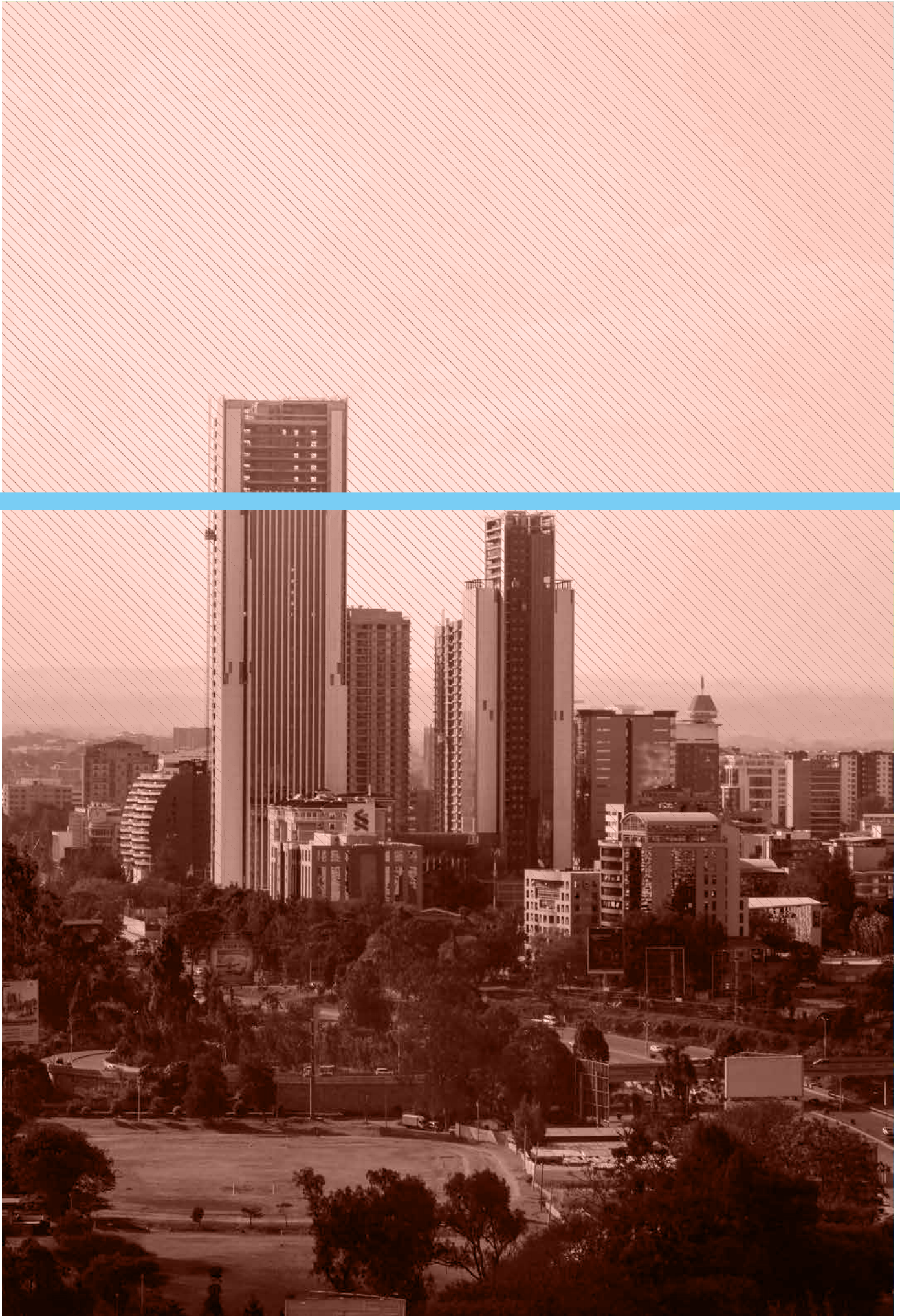
Launch of the Higher Education Initiative on 16 September 2021. 1st row: Peer educators. 2nd row from the left: Prof. Jahit Sacarla, Director of Faculty of Medicine, Eduardo Mondlane University; Eduardo Chilundo, Representative of the Rector of Joaquim Chissano University; José Mandra, Rector of Policy Academy; Prof. Jorge Ferrão, Rector of Pedagogic University, Maputo; Marta Bazima, UNAIDS Country Office; Marisa Mendoça, Deputy Rector, Pedagogic University; 3rd row: Peer mentors.



Trained peer mentors receive their certificates at the launch of the HEI. Gildo Manual, Pedagogic University; Celia Muiwane, Joaquim Chissano University; Cristina Jussa, Policy Academy; and Jorge Nichols, Eduardo Mondlane University.

STORIES OF CHANGE

**NAIROBI,
KENYA**



The achievements and lessons learned through the Fast-Track Cities project in Nairobi have inspired four additional urban centres in Kenya to join the initiative and accelerate their own city HIV responses.

HARNESSING DATA FOR CHANGE

Strategic information, including efficient data collection, has been key to the city's success, contributing to effective planning and programming in the HIV response. With the support of the Fast-Track Cities project, Nairobi Metropolitan Services (NMS) has invested heavily in human resources, both by increasing the number of health care workers in HIV clinics and data officers, and by providing them with training. It has also invested in tools, including registers and electronic medical records. The data collected at subcounty level are reviewed and shared monthly, with NMS undertaking additional periodic reviews. Nairobi city county also works with IAPAC to report county and sub-county data on the Nairobi Fast-Track City dashboard, which is updated on an annual basis.

Nairobi's successful HIV response is rooted in strengthened strategic information systems that guide effective policies and planning appropriate to the needs of its populations. Even during the changing contexts triggered by COVID-19, the city has been able to show leadership and has continued to respond to these needs.

In sub-counties and informal settings with high HIV burdens, granular data and qualitative assessments of services for adolescents and young people and key populations have been key in setting priorities and planning improvements for these more vulnerable groups. Health care workers, including community health volunteers, have received additional capacity-building support. The number of health facilities offering integrated and friendly services for young people and members of key populations has increased from zero in 2018 to 22 in 2021. As a result, many more people are being reached with services. Among adolescents and young people, 103 401 were newly tested for HIV in 2021 (compared with 59 643 in 2018), while 11 538 availed themselves of family planning services (compared with 4139 in 2018). The number of members of key populations newly tested for HIV increased over tenfold in the same period, from 417 to 5432.³⁸

YOUTH FOR CHANGE

Young people are themselves involved in initiatives for their health and well-being through the youth advisory council that advises NMS on health needs for young people at the community level. Their meaningful engagement in determining priorities and interventions has played a critical role in NMS programmes, including Fast-Track Cities.

In Kawangware—a large, diverse and poor informal settlement with limited access to basic services including health care—Kawangware Youth for Change is working to create social and behavioural change. The group, founded two years ago and supported by NMS, boasts a football team and holds regular discussions to give young people the opportunity to explore the issues affecting their community. This includes gender issues, such as the role of men in helping their partners to access sexual and reproductive health services.

Members of Kawangware Youth for Change have been trained as ‘champions’ and are leading mobilization and advocacy efforts in their communities. They reach out to peers and other community members to promote the use of HIV testing, sexual and reproductive health, and related mental health services among adolescents and young people, as well as members of key populations. They also distribute condoms, placing them in strategic locations.

ADAPTING TO COVID-19

COVID-19 restrictions and shifts in the priorities and focus of city health workers and staff to COVID-19 related activities threatened to disrupt HIV service delivery. Nairobi rapidly introduced a number of contingency plans to divert this threat, including three month

dispensation of HIV medication. Beneficiaries of existing programmes, including trained youth champions and community health workers, were recruited to ensure the continued provision of HIV services, particularly among communities in informal settlements. Meetings and training continued on a virtual basis.

COMMUNITY ART GROUPS

“Since we formed our ART group, I have never seen anyone defaulting on treatment.”

— *Mathare, community health volunteer*³⁹

Government imposed restrictions to contain the spread of the COVID-19 pandemic included school closures, limitations on hospital visits, restricting the ability of people living with HIV to access their medications and continuing treatment. In response, NMS established CAGs in its sub-counties. These groups not only maintained access to treatment during the lockdown, but continued to help men and women living with HIV to receive ART medication within their own communities, cutting the time and financial costs of visiting facilities.

The CAGs comprise people living with HIV who are older than 20, have been on treatment for at least a year, who consistently take their medication and do not require frequent follow-up. There is a maximum of 15 members per group and all members should live in the same area, with some places therefore having a number of groups. One of the aims of the CAGs is to provide role models for others in the community to initiate and adhere to treatment. Members are recruited at health facilities where they receive treatment: those who are eligible are informed of the groups and, if they wish to join, are given training from Nairobi City County and the facility. Members are taught about understanding adherence support, follow-up and basic support in HIV care and treatment.

Every six months a community health volunteer attends a group meeting to distribute medication to all the members. The CAGs also give members the opportunity to share their experiences and lessons of successfully living with the virus, and integrate economic empowerment initiatives such as table-banking to enable members to start small businesses. Through group representatives, health facilities receive reports of the meetings, including on the health and adherence status of members as well as on any challenges faced—and provide feedback and advice to the group.

All members also need to report periodically to their health facility for clinical consultations, on the advice of their health care worker. As a result, very few group members are lost to follow-up or miss recommended tests.

Also key to the success of the CAGs is the engagement of people living with HIV—through platforms established in health facilities to provide opportunities to give feedback on HIV interventions—along with strong leadership from the NMS. Being part of accountability systems for their health empowers people living with HIV and improves their care.





Health talk, including on HIV PMTCT, with a group of pregnant women

A PROCESS OF PARTNERSHIPS

**WINDHOEK,
NAMIBIA**



SUPPORT FOR PROCESS AND PROGRAMMES

The City of Windhoek receives support from the Fast-Track Cities project to plan the HIV response. This includes the Municipal Council of Windhoek 2017–2022 HIV Strategic Plan, which is closely guided by Namibia's National Strategic Framework for HIV and AIDS 2017–2022 and incorporates Windhoek's Fast-Track Cities commitments. A revised plan has been developed to take into account the recommendations of a recent mid-term review.

At the same time, UN Volunteers (UNV) provides programmatic support for projects. This includes a volunteer to handle documentation and report writing. Another UNV programme officer supports city implementation, including by advocating for and supporting the city's efforts to strengthen public health and HIV responses and to integrate public health into city operations.

In most countries, Fast-Track Cities project activities are mutually reinforcing. Through direct programmatic support, they bring together projects directly benefiting people, support for city-wide processes, and strategy. In Windhoek, partnerships between the city, institutional supporters (such as the Fast-Track Cities project) and civil society are creating robust strategies that can be translated into real outcomes on the ground.

SUPPORT FOR PEOPLE

The city's initiatives include an internal workplace programme that ensures the health and wellness of employees of the City of Windhoek. Public health and community aspects of the response are primarily delivered through partnerships with CSOs. A key element of this is population based interventions targeting key and vulnerable populations.

For example, in 2021 the city worked with three CSOs on the Support to HIV Response in Windhoek through Key Populations project. The CSOs targeted specific vulnerable groups with appropriate interventions to improve the uptake of HIV prevention, testing and treatment services, and promote adherence.

King's Daughters Organization (KDO), a local NGO, provides HIV prevention for female sex workers, linking their care through the Etegameni Resource Centre. Over a six month period, KDO increased access among

sex workers to HIV prevention, testing and/or retention services and documented their experiences of health care services through eight recorded interviews.

Interventions provided through the Resource Centre included interpersonal communication sessions for individual clients, as well as 20 adherence support group sessions. Clients were referred to health centres for HIV counselling and testing, where they were also able to access same-day initiation of treatment or PrEP, as necessary. KDO also provided prevention commodities, including 8052 condoms and 2300 lubricants, and co-facilitated IAPAC train the trainers sessions for peer educators.⁴⁰ The community peer educators training, jointly coordinated by IAPAC and the International Treatment Preparedness Coalition (ITPC), covered the science of HIV infection, HIV treatment and prevention, monitoring the treatment of HIV, HIV and TB co-infection, advocating for increased access to quality, non-stigmatizing HIV care, and living a healthy life with HIV.

Weekly support group meetings for those enrolled in treatment provided education on ARV medicines and the importance of adherence. Members were able to support each other with the assistance of student social workers.

A shortage of commodities was resolved through a partnership with the Namibia Planned Parenthood Association (NAPPA). Skills training and job placement were provided where sex workers had inadequate incomes, while counselling on personal issues was provided by student social workers to those who needed it. The support group meetings also helped participants to identify goals and thus counter feelings of hopelessness. When KDO staff noticed that clients were not seeking care after referrals, they accompanied them to health centres.

Out-Right Namibia (ORN) is Namibia's leading LGBTI human rights organization, with gender, sex and sexually diverse members working towards legal and social justice, equality and equity. Like KDO, ORN has worked with the city to increase access to services through community outreach and the documentation of lived experiences, with a focus on men who have sex with men and transgender women. The key to the programme was the provision of a safe and supportive environment in which clients could seek support and services.



KDO adherence support group members during a session with social workers at the Etegameno Centre.

ORN provided dedicated interpersonal communication sessions to clients, including both HIV related information and support for the development of life skills, as well as ongoing psychosocial counselling and support where needed. It also provided commodities such as: condoms and lubricants; HIV self-testing kits; and referrals to HIV confirmatory testing, counselling and testing. Over six months, ORN tested 27 people, of whom three were diagnosed HIV positive, and distributed 2000 condoms and 1000 lubricants.⁴¹

In addition, ORN linked clients to services offering HIV treatment, PrEP and post-exposure prophylaxis (PEP), accompanying them to facilities if necessary. ORN widened the scope of this outreach, and increased demand for services, by disseminating messages through its website and social media platforms (including Facebook, Twitter and Instagram). Key issues addressed included: stigma and discrimination; access to services; HIV prevention; and HIV (self) testing and counselling.

ORN also distributed questionnaires to beneficiaries, resulting in valuable data and testimonials on the experiences of men who have sex with men and transgender women, including their challenges in accessing HIV services. This increased awareness and engagement on these issues within and beyond the organization, and informed future programming for these populations.

The Namibia National Association of the Deaf (NNAD) led a new training programme to improve knowledge and understanding among Windhoek's deaf community of their human rights and the resources available to them. Three sessions were held during weekends to ensure

greater participation. For many in the deaf community, discrimination, inequalities and injustice are daily occurrences. These are compounded by a lack of information about the legislation in place—and what is available is not deaf-friendly.

The training focused on: understanding human rights; sexual orientation; gender identity and expression and sex characteristics; key populations; health rights and services; the links between human rights and health for the deaf community; specific health services (HIV, sexual and reproductive health, and services for key populations); and community mobilization. The sessions aimed to challenge discrimination, inequality and injustices towards members of the deaf community. Among the most successful elements was the sharing of lived experiences, which provided invaluable insights into the human rights violations and challenges faced by members of the deaf community.

As a result of discussions during the training sessions, NNAD members developed an advocacy and awareness campaign plan for implementation during National Disability Month in September. The plan covered: human rights and improving civic education and policy engagement; improving health care services through training on HIV, sexual and reproductive health, and mental health and well-being; and access to information on health and rights for the deaf community. The plan was accompanied by a full week of commemorative events and activities. These partnerships, and others, are helping the City of Windhoek to ensure that no one is left behind in its efforts to end AIDS.





Human rights training for people living with hearing loss.

**ADVOCACY AND ENGAGEMENT
TO ADDRESS BARRIERS**

**YAOUNDÉ,
CAMEROON**

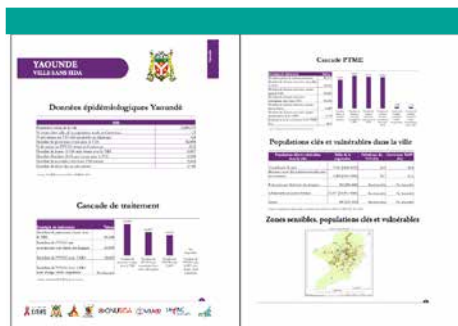


ADVOCACY: ENGAGING YAOUNDÉ'S MAYORS

Yaoundé has eight mayors: one for each of seven municipalities, and a Metropolitan Mayor. Each of the seven mayors has responsibility for their own budgets, programming and planning—which means that the sustained engagement of everyone is needed to improve the city's HIV response.

The Fast-Track Cities project provides the vehicle for ensuring that these mayors are aware of Yaoundé's HIV epidemic and response (including service delivery and uptake), challenges, and their role in the response. Briefings are therefore held for newly appointed HIV focal points and other members of municipal councils, and their engagement and commitment are maintained through coordination meetings and involvement in planned activities. Factsheets for the Yaoundé Metropolitan Area and each of the seven municipalities (see "Data" tab) provide HIV estimates and data, which help to generate mayoral support, and are being used by partners to assist in planning activities and to mobilize additional funding.

Yaoundé is driving change in its HIV response by engaging mayors, municipal authorities, partners and communities. Its success provides insights and strategies used by other municipalities and at the national level through the National Strategic Plan and Global Fund resources.



Yaoundé Metropolitan Area fact sheet (all municipalities).

Fast-Track Cities advocacy has also strengthened coordination and collaboration between municipalities and community-based organizations, to the benefit of the HIV response.

The mayors and their offices have increased ownership of the HIV response in their municipalities and have been including HIV in municipal plans and budgets. As a result, the mayors support community mobilization for the HIV response. They can display the municipal HIV factsheets in town halls and public places to sensitize the public, or share HIV prevention messages at official wedding celebrations. They have used events, such as World AIDS Day, to increase HIV awareness and education, including among young people at secondary schools and youth centres, the police and traditional and religious leaders. They have also undertaken mobile HIV testing campaigns in public places, such as markets.

All seven mayors actively participated in the development and launch of a City HIV Strategic Plan, and the municipalities are already working to operationalize it. The Municipality of Yaoundé VI established a technical working group to develop and implement its own HIV action plan. The Municipality of Yaoundé V has included HIV activities in its communal plan and budget and has a consultation platform with public and private sector actors. Other municipalities are partnering with individual stakeholders to implement one-off or regular activities, including health care facilities, CSOs and the National Security Insurance Fund. For example, ReCAP+, the national network of associations of people living with HIV, received funding from the Municipality of Yaoundé II to carry out a candlelight memorial.

ADDRESSING BARRIERS AT THE CITY LEVEL

Yaoundé aims to ensure that health services are delivered to all people in need, free from stigma and discrimination. The seven municipalities, key implementers and other strategic partners involved in the HIV and tuberculosis responses work together to identify and address gaps and barriers in the response, with a specific focus on marginalized and key populations.

As part of this collaboration, partners from the [Association des Communes et Villes Unies du Cameroun \(CVUC](#), the coordinating body for Cameroonian mayors), government bodies, the private sector and CSOs (including key population-led organizations and networks) participate in ongoing capacity building and training activities. This has included a national UNAIDS/UNDP workshop in September 2021 on human rights related barriers to HIV service access, uptake and retention, and how to overcome such challenges. Yaoundé partners came together with national institutions involved in the multisectoral HIV response to better understand the universality of human rights, and how stigma and discrimination based on HIV status, sexual orientation, gender, gender identity and substance use negatively affect individuals and communities and increase their vulnerability to HIV. They identified priority actions that are now being used to define national objectives and produced recommendations to integrate related interventions into HIV sectoral plans. At the city level, partners now work to ensure that the terms of reference for HIV focal points include responsibility for addressing these barriers.

ADDRESSING BARRIERS IN COMMUNITIES

Equally important is ensuring that service providers and communities learn about, and counter, human rights related barriers. Training led by IAPAC to eliminate stigma and discrimination has reached 1700 health workers across 63 health care facilities and has resulted in the development of facility codes of conduct and action plans for stigma reduction. Participants involved in the training created a network to facilitate collaboration and communication and to share experiences and best practices between health facilities. The network is particularly valuable for supporting high volume hospitals to improve the quality of services for members of key populations. It has also been invaluable in bringing health facilities together with community leaders and community-based organizations of key populations involved in the community dispensing of ARV medicines and other HIV

related activities. The new relationships and collaboration that have been created as a result have helped to improve the quality of services provided at the community level.

Meanwhile, peer educators in Yaoundé are currently field-testing a community education group-counseling tool focused on 'Staying in Care for U=U'. U=U is a global campaign to educate people living with HIV (and others) about the benefits of staying in treatment. Stable and consistent adherence to treatment lowers the HIV viral load, leading to viral suppression—which means the virus cannot be transmitted to sexual partners. The tool—a 'Conversation Map'—was developed by IAPAC and supports peer educator facilitated dialogue with people living with HIV. Thirty-six peer educators have been trained to use the tool.

Other community initiatives include the 2020 Moto Action Poster contest. The competition, run by a local NGO, used an 'urban' theme and challenged community-based organizations to produce the best HIV and COVID-19 prevention messages. The entries were disseminated through social media platforms, reaching over 45 000 people.⁴²



Community education for U=U: IAPAC Conversation Map.



CONCLUSION

The case studies in this report show the success that can be achieved when cities come together with partners to work towards a better HIV response for all. These cities show that addressing inequalities is both necessary and possible—reaching young people and key populations, reducing stigma and discrimination and engaging men and boys has improved access to services and support and understanding of the benefits of prevention and treatment options. Improved leadership and strategic planning have increased available resources and identified new strategies and partners, while using better quality data has resulted in improved targeting of programmes and greater access to services. Keeping communities at the centre has meant appropriate interventions and improved environments for key and vulnerable populations. Strengthened

partnerships with communities, the private sector and others have driven improvements in the response. The challenges of the COVID-19 pandemic catalysed innovations that will have longer term benefits for city HIV responses.

These efforts have been achieved despite—and in some cases spurred by—the barriers created by the COVID-19 pandemic. Maintaining and even improving HIV services in this environment has provided lessons and approaches that can be taken forward by cities and applied more widely. These good practices show that despite old and new challenges, communities and cities can work to improve HIV related strategic information, spearhead innovations, and address inequalities to end AIDS as a public health threat by 2030.

ACRONYMS AND ABBREVIATIONS

AEM	Asian Epidemic Model
AIDS	acquired immune deficiency syndrome
ART	antiretroviral treatment
ARV	antiretroviral
CAG	community antiretroviral therapy group
CSO	civil society organization
COVID-19	coronavirus disease
DSD	differentiated service delivery
GAM	Global AIDS Monitoring (UNAIDS)
GIPA	Greater Involvement of People Living with HIV
HIV	human immunodeficiency virus
IAPAC	International Association of Providers of AIDS Care
IBBS	integrated biological and behavioural survey
ITPC	International Treatment Preparedness Coalition
LINKAGES	Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV
LGBTI	lesbian, gay, bisexual, transgender, intersex
M&E	monitoring and evaluation
MMD	multimonth dispensing
MTCT	mother-to-child transmission
NGO	nongovernmental organization
OST	opioid substitution therapy
PEP	post-exposure prophylaxis
PMTCT	prevention of mother-to-child transmission
PODI	community ART distribution points
PrEP	pre-exposure prophylaxis
STI	sexually transmitted infection
TB	tuberculosis
U=U	undetectable equals untransmittable
VMMS	voluntary medical male circumcision
UNV	UN Volunteers
USAID	United States Agency for International Development

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