



FAST-TRACK
CITIES

**Attaining 90-90-90
in U.S. Cities**

Health Department Officials Convene at White House Meeting to
Leverage the National HIV/AIDS Strategy in U.S. Fast-Track Cities

November 4, 2015 - Washington, DC



Months after the launch of the third U.S. National HIV/AIDS Strategy, and a year after the launch of the Fast-Track Cities Initiative (FTCI), the White House Office of National AIDS Policy (ONAP) convened a November 4, 2015, consultative meeting in Washington, DC, to leverage the domestic strategy and the global initiative to accelerate the HIV/AIDS response in U.S. cities, counties, and states. The meeting was convened in collaboration with the International Association of Providers of AIDS Care (IAPAC), National Alliance of State and Territorial AIDS Directors (NASTAD), Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), and National Association of County and City Health Officials (NACCHO).

Achieving the 90-90-90 targets is challenged worldwide by failures to reach people whose circumstances place them at greatest risk for HIV and who predominantly live in urban areas.

The U.S. Fast-Track Cities and National HIV/AIDS Strategy Technical Consultation included health officials from the cities of Atlanta, Denver, Miami, Oakland, and San Francisco, the first U.S. cities to sign onto the FTCI since its launch in December 2014; as well as from Washington, DC, and Baltimore, cities that signed on as Fast-Track Cities on World

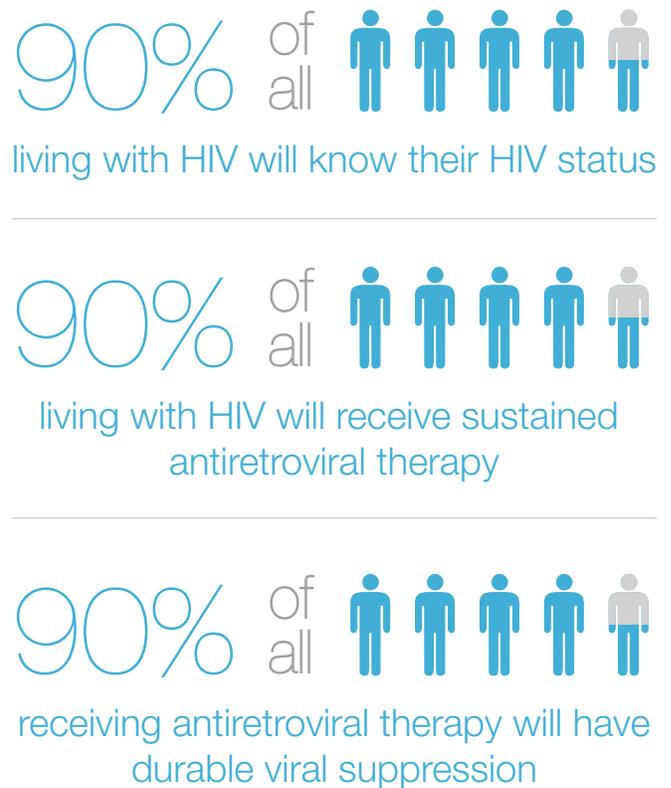
AIDS Day 2015. Baton Rouge, Chicago, Fort Lauderdale, Houston, Los Angeles, New Orleans, and New York City were also represented at the consultation. Representatives from county and state health departments were also in attendance, including the states of Colorado, Louisiana, New York, and Washington.

Promoting a local approach to a global strategy, the FTCI has been joined by more than 60 cities worldwide where leadership on the global front remains critical, Joint United Nations Programme on HIV/AIDS (UNAIDS) Executive Director Mr. Michel Sidibé told the gathering of primarily city, county, and state health officials. Representatives from current and prospective U.S. Fast-Track Cities took part in a day-long discussion on how the initiative can help to accelerate the use of science and strategy to achieve the United Nations' 90-90-90 targets (Figure 1)

by 2020 in U.S. cities where high rates of HIV incidence and prevalence are frequently matched by high rates of homelessness, incarceration, and marginalization. Achieving the 90-90-90 targets is challenged worldwide by failures to reach people whose circumstances place them at greatest risk for HIV and who predominantly live in urban areas. These people include those who use drugs, are engaged in sex work, are immigrants, and/or are sexual minority populations, Mr. Sidibé noted.

Dr. Anthony Fauci, who has led U.S. research against the HIV epidemic at the U.S. National Institute of Allergy and Infectious Diseases (NIAID) through the last three decades, reviewed advances that have lowered HIV transmission risks, improved health outcomes, and extended lifespans for people living with HIV (PLHIV). White House ONAP Director Mr. Douglas Brooks outlined the recently updated National HIV/AIDS Strategy, incorporating op-

Figure 1. United Nations 90-90-90 Targets



portunities offered by those advances, as well as by the Affordable Care Act and lessons from the 2010 National HIV/AIDS Strategy. IAPAC President/CEO Dr. José M. Zuniga noted that the FTCI, an international network of cities committed to ending AIDS as a public health threat in urban settings, could serve as a catalyst for action and dialogue by U.S. cities, but he also encouraged current and future U.S. Fast-Track Cities to consider ways to support other cities by sharing lessons learned in accelerating their local AIDS responses. Dr. Zuniga indicated that as an FTCI core partner, IAPAC would provide technical support to help the Fast-Track Cities network collaborate toward the attainment of the 90-90-90 and other locally relevant targets.

A series of presentations were delivered by city, county, and state health officials highlighting ambitious approaches both toward and beyond 90-90-90 targets. While those targets globally seek to end AIDS as a public health threat by 2030, representatives from the State of New York discussed that state's plan to reduce new HIV infections to no more than 750 people a year by 2020 through strategies to identify undiagnosed PLHIV, link them to care and antiretroviral therapy (ART), and provide pre-exposure prophylaxis (PrEP) to uninfected individuals at highest risk. With at least 97% of people who live with HIV in New York's corrections settings virally suppressed, one approach detailed seeks to identify and enroll those not yet in care to ensure that they access ART to keep people healthy and prevent death and transmission. In San Francisco, a Fast-Track City that was the first in the country to offer universal HIV care upon diagnosis, an approach that includes same-day linkage to care for those diagnosed aims for a 90% drop in new HIV infections within the next four years. And, in Washington, DC, where awareness of the HIV epidemic is heightened by the Mayor Muriel Bowser's annual release of citywide HIV incidence and prevalence data, efforts include a "red carpet entry protocol" to ensure that anyone diagnosed or returning to care can get an appointment with an HIV care provider within 72 hours.

A panel discussion focused on financing included participants from Denver, as well as from Louisiana's state health department, and AIDS coordinator's office in Los Angeles. Their talks highlighted challenges of budget restrictions and filing requirements, as well as opportunities to combine resources when local governments commit to HIV responses integrated across agencies and departments, and identifying untapped funding sources. A pressing challenge was highlighted by representatives from states that have opted out of the Affordable Care Act, which impedes efforts to reach medically indigent PLHIV who are not currently diagnosed and/or linked to care and ART. Pulling it all together, participants in a final panel discussion, from Atlanta, Washington, DC, and Palm Springs gave accounts of innovative approaches to identifying, developing, and funding programs that target local needs, including focused approaches to seeking, testing, and linking HIV-negative and -positive individuals to preventative and therapeutic care through community-tailored and -implemented approaches.

Throughout the daylong discussions, questions and answers returned to what the diverse geographic settings represented there shared: social disparities, stigmas, unmet needs, and urgency. And they returned to what they could offer each other: collaboration, focus, strategies, best practices, and examples of leadership. Together they laid the common ground on which the FTCI came together, and one which it seeks to build an effective and lasting response to HIV and the conditions that have fueled its spread in cities around the world. ■

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This report was written by Antigone Barton, Editor of the Science Speaks blog, a project of the IDSA/HIVMA/Center for Global Health Policy.



"This movement will carry action against all injustice. We cannot allow people to continue to be excluded from services because of their sexual orientation, their social status, or because they were not born privileged. Our laws cannot isolate, and should not discriminate. Mayors: only with your leadership, can we get to the end of AIDS."

– Michel Sidibé
UNAIDS Executive Director
United Nations Under-Secretary-General



"We must seize this moment of unprecedented scientific opportunity to rapidly reduce the number of new HIV infections and end AIDS-related deaths. Attaining the 90-90-90 and zero discrimination and stigma targets in Fast-Track Cities requires leveraging existing political will, programs, and resources to close HIV prevention, testing, and treatment gaps."

– José M. Zuniga
IAPAC President/CEO



"With this [National HIV/AIDS] Strategy moving forward through the end of the decade, I strongly believe we have the best possible road map to guide our collective efforts. I urge every Federal office, every state and local health department, and every community organization dedicated to slowing and ending the HIV epidemic in America to join together, and collectively put the Strategy into action."

– Douglas M. Brooks
White House ONAP Director