Social and Behavioral Science Research Network
National Scientific Meeting
San Francisco – October 25, 2017

Sindhu Ravishankar, MPhil
Director, Fast-Track Cities, IAPAC

MAIRIE DE PARIS

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UN HABITAT FOR A BETTER URBAN FUTURE

- **July 2014** – City-focused HIV/AIDS initiative first discussed by UNAIDS, IAPAC & select Mayors at AIDS 2014 in Melbourne
- **August 2014** – Fast-Track Cities partnership conceptualized between UNAIDS, IAPAC, UN-Habitat & City of Paris
- **December 2014** – Fast-Track Cities initiative launched World AIDS Day 2014 in the City of Paris
  - 26 cities sign *Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic*, committing to fast-track AIDS responses & attain 90-90-90

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FAST-TRACK CITIES - NORTH AMERICA

- Atlanta
- Baltimore
- Birmingham
- Boston
- Denver
- Mexico City
- Miami
- New Orleans
- New York City
- Oakland
- Phoenix
- Providence
- San Francisco
- Washington, DC

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FAST-TRACK CITIES - AFRICA

- Abidjan
- Accra
- Algiers
- Bamako
- Bangui
- Blantyre
- Brazzaville
- Casablanca
- Cotonou
- Dakar
- Dar es Salaam
- Djibouti
- Douala
- Durban / eThekwini
- Entebbe
- Freetown
- Johannesburg
- Kigali
- Kinshasa
- Lagos
- Libreville
- Lilongwe
- Lubumbashi
- Lusaka
- Makeni
- Maputo
- Maseru
- Nairobi
- Ouagadougou
- Ouésso
- Pretoria
- Windhoek
- Yaoundé

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FAST-TRACK CITIES - LATIN AMERICA/CARIBBEAN

- Buenos Aires
- Curitiba
- Havana
- Kingston
- Mexico City
- Montevideo
- Panama City
- Port-au-Prince
- Quito
- Rio de Janeiro
- Salvador de Bahia
- San Miguelito
- Santa Fe
- Santiago
- São Paulo

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FAST-TRACK CITIES - ASIA/ASIA-PACIFIC

- Bangkok
- Delhi
- Jakarta
- Melbourne
- Mumbai

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FAST-TRACK CITIES - EUROPE

- Amsterdam
- Athens
- Barcelona
- Berlin
- Brighton and Hove
- Brussels
- Bucharest
- Cascais
- Geneva
- Kyiv
- Lisbon
- Madrid
- Odessa
- Porto Alegre
- Paris
- Seville
- Torremolinos
- Vienna

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FAST-TRACK CITIES INITIATIVE TARGETS

90% Of people living with HIV knowing their HIV status

90% Of people who know their HIV status on ART

90% Of people on treatment with suppressed viral load

0% Stigma and discrimination

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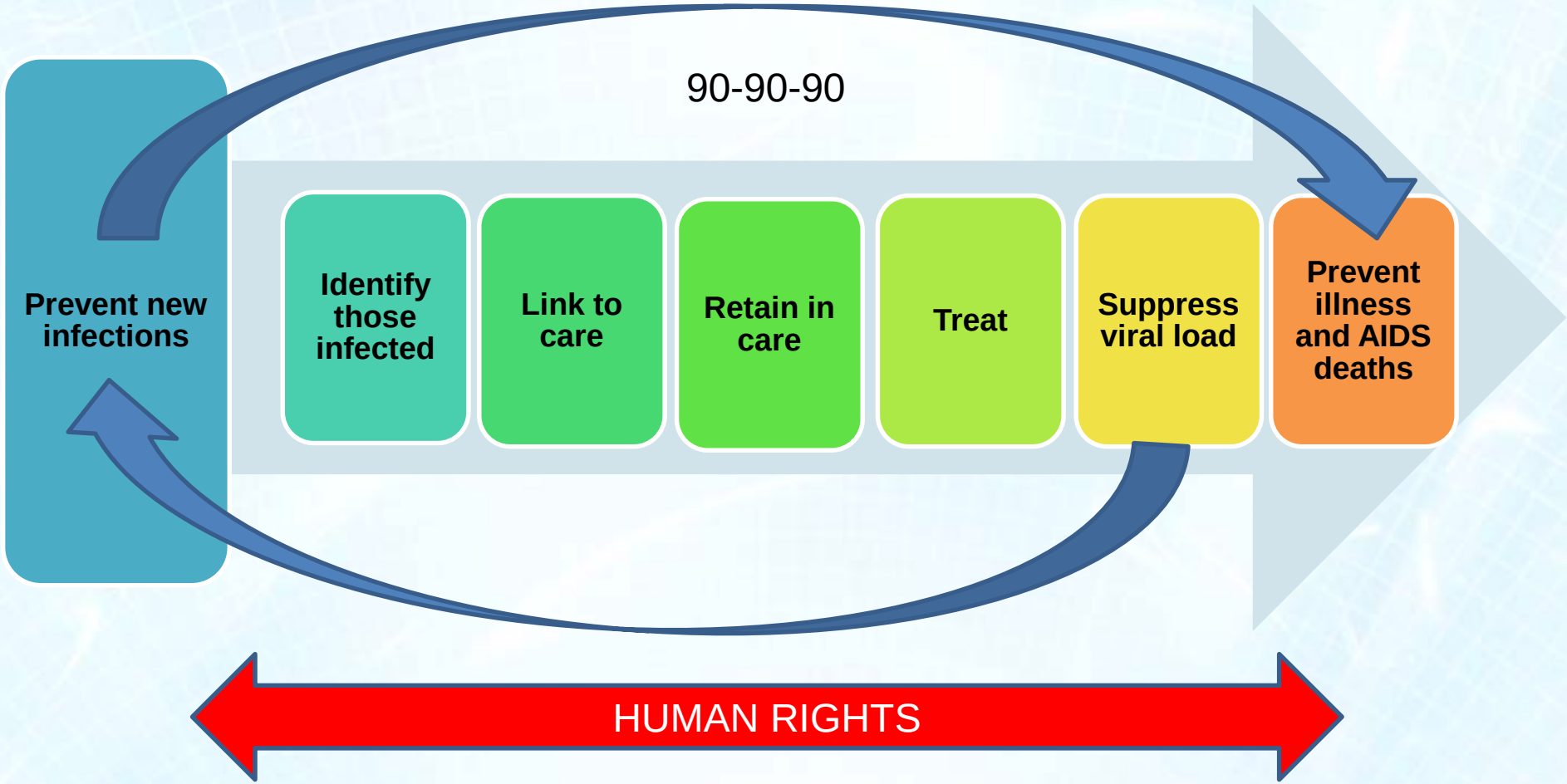
OPTIMIZING THE HIV CARE CONTINUUM



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A MULTI-STAKEHOLDER APPROACH

- IAPAC-appointed clinician key opinion leaders
- Local and other jurisdiction health departments
- Community, civil society representatives
- Mayor's offices (and others, too [e.g., county supervisors, governors, etc.])
- UNAIDS Country Offices

- Strategic Partners
  - Civil society organizations
  - Human rights-based organizations
  - Professional associations
  - Implementing agencies
  - Research institutions
  - Academic institutions
  - UN agencies
  - Financing institutions
  - Corporate sector entities

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JOINING THE FAST-TRACK CITIES INITIATIVE

- **Political Commitment** – Cities join the initiative when the Mayor signs the Paris Declaration
- **Technical Handshake** – Fast-Track Cities commit to reporting their HIV care continua and 90-90-90 data in public domain
- Fast-Track Cities are supported to develop local **90-90-90 strategies**
  - Convening stakeholder consultations
  - Aligned with national strategies
- Process involves **multiple jurisdictions**, as needed
  - National Ministries of Health
  - Counties, states, provinces, districts

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FAST-TRACK CITIES IMPLEMENTATION STRATEGY

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RIGHT THING, RIGHT PLACE

Right Thing

- Prioritize 90-90-90 & 95-95-95
- Trajectory to HIV epidemic control
- Reach key & vulnerable populations
- Address barriers & gaps across

Right Place

- 200 cities account for ~25% of PLHIV
- In many countries, 1 city accounts for ≥40% of PLHIV in country
- "Laboratories of innovation"

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CURRENT FOCUS AREAS 2017/2018

- Data generation, reporting, analysis, use
- Capacity-building for clinical/service providers
  - *IAPAC Guidelines for Optimizing the HIV Care Continuum*
  - Relevant national, regional, international guidelines
- Stigma elimination in healthcare settings
- PLHIV quality of life assessments
- Community education for treatment demand
- HIV self-testing scale-up
- Implementation science agenda

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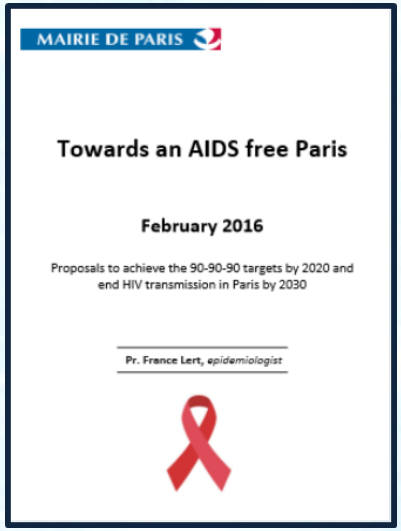
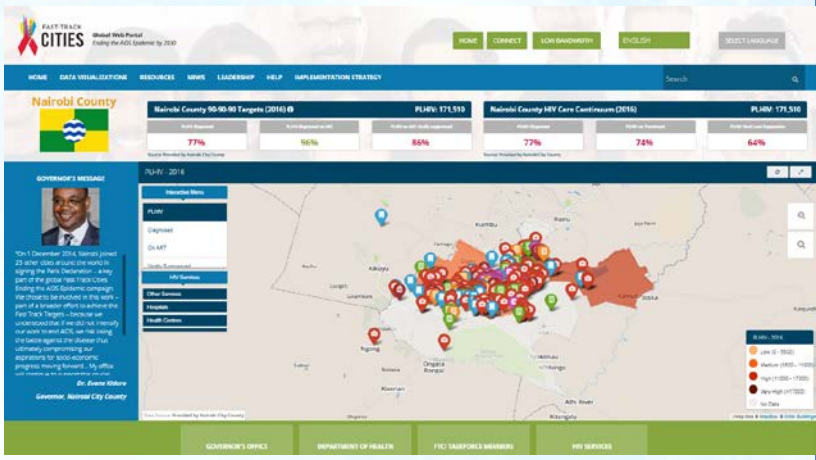
DATA GENERATION AND REPORTING: MEASURING & MONITORING THE HIV CARE CONTINUUM

- Technical stakeholder meetings to develop 90-90-90 strategies
- City dashboards to monitor progress, offer stakeholder accountability (www.fast-trackcities.org)
- Learning collaboratives on data generation, analysis, and reporting





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CAPACITY-BUILDING FOR PROVIDERS

Web-based trainings for healthcare providers aimed at:

Content for these educational trainings reflects IAPAC *Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents*, supplemented by national, regional, and international normative guidance

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ELIMINATING STIGMA IN HEALTHCARE SETTINGS

Healthcare Providers

- Web-based human rights training
- Human rights certification
- Listing certified providers on city-specific dashboards

Health Facilities

- Stigma and discrimination facility checklist
- Zero stigma and discrimination facility action plan
- Certification of facilities
- Mapping of certified facilities on city-specific dashboards

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BEYOND VIRAL SUPPRESSION

- PLHIV quality of life assessments
  - o Assess quality of life in relation to social, political, economic, and other factors affecting overall wellbeing of PLHIV in Fast-Track Cities
  - o Quantification of a city-specific quality of life measure to monitor progress towards improving quality of life among PLHIV – a necessary step beyond viral suppression focus

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COMMUNITY EDUCATION FOR TREATMENT DEMAND

Empowerment of a cadre of “community champions” who are ready, willing, and able to advocate on policy and other issues related to an accelerated urban AIDS response

- U=U
- 90-90-90
- Epidemic Control

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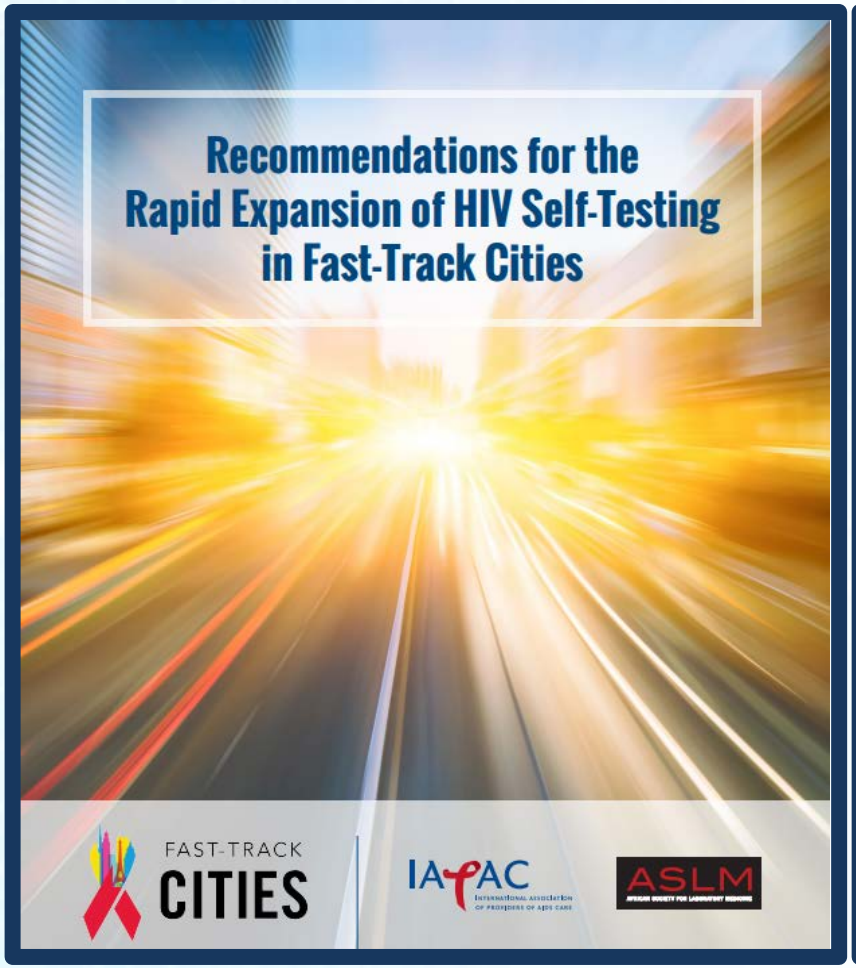
HIV SELF-TESTING SCALE-UP



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Institut de recherche Centre universitaire de santé McGill

Research Institute McGill University Health Centre

Sympact-X

FOR IMMEDIATE RELEASE

IAPAC, RI-MUHC, SYMPACT-X Announce Partnership to Implement HIVSmart!™ Self-Testing App in High HIV Burden Fast-Track Cities

Washington, DC, United States, and Montréal, Canada (September 15, 2017) – The International Association of Providers of AIDS Care (IAPAC), the Research Institute of the McGill University Health Centre (RI-MUHC), and SYMPACT-X today announced a partnership to implement HIVSmart!™ – a software application that facilitates HIV self-testing, linkages to care, and retention in care – in high HIV burden Fast-Track Cities worldwide.

Created by a team of scientists and physicians based at the RI-MUHC and at McGill University, HIVSmart!™ is a multilingual, portable software application that has been tested in well-designed studies in Canada and South Africa in four diverse patient populations: 1) high-risk men who have sex with men (MSM); 2) at-risk community clinic attendees; 3) low-risk healthcare professionals; and 4) low-risk student populations. The app, which works with any approved HIV self-test, provides a risk assessment tool to evaluate a user's HIV exposure risk, user-friendly information to facilitate the self-testing process, test interpretation, and personalized linkages that reduce delays in care. In addition, the app based program assists with retention in care through enhanced patient-provider communication. The platform is confidential and HIPPA compliant and is currently available in six global languages.

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PIVOTING TO HIV EPIDEMIC CONTROL

- Ending AIDS as a public health threat by 2030 requires expanded effort beyond 90-90-90 (next targets = 95-95-95)
- UNAIDS definition of “HIV epidemic control” will guide Fast-Track Cities direction
- Two cities – Melbourne and Amsterdam – have attained 90-90-90 and others have attained one or more 90 targets
- Integrating PrEP into Fast-Track Cities work, including setting local targets, increasing and tracking PrEP uptake
- Working with cities to integrate “getting to zero” frameworks into Fast-Track Cities initiative (e.g., Amsterdam, Chicago, San Francisco)

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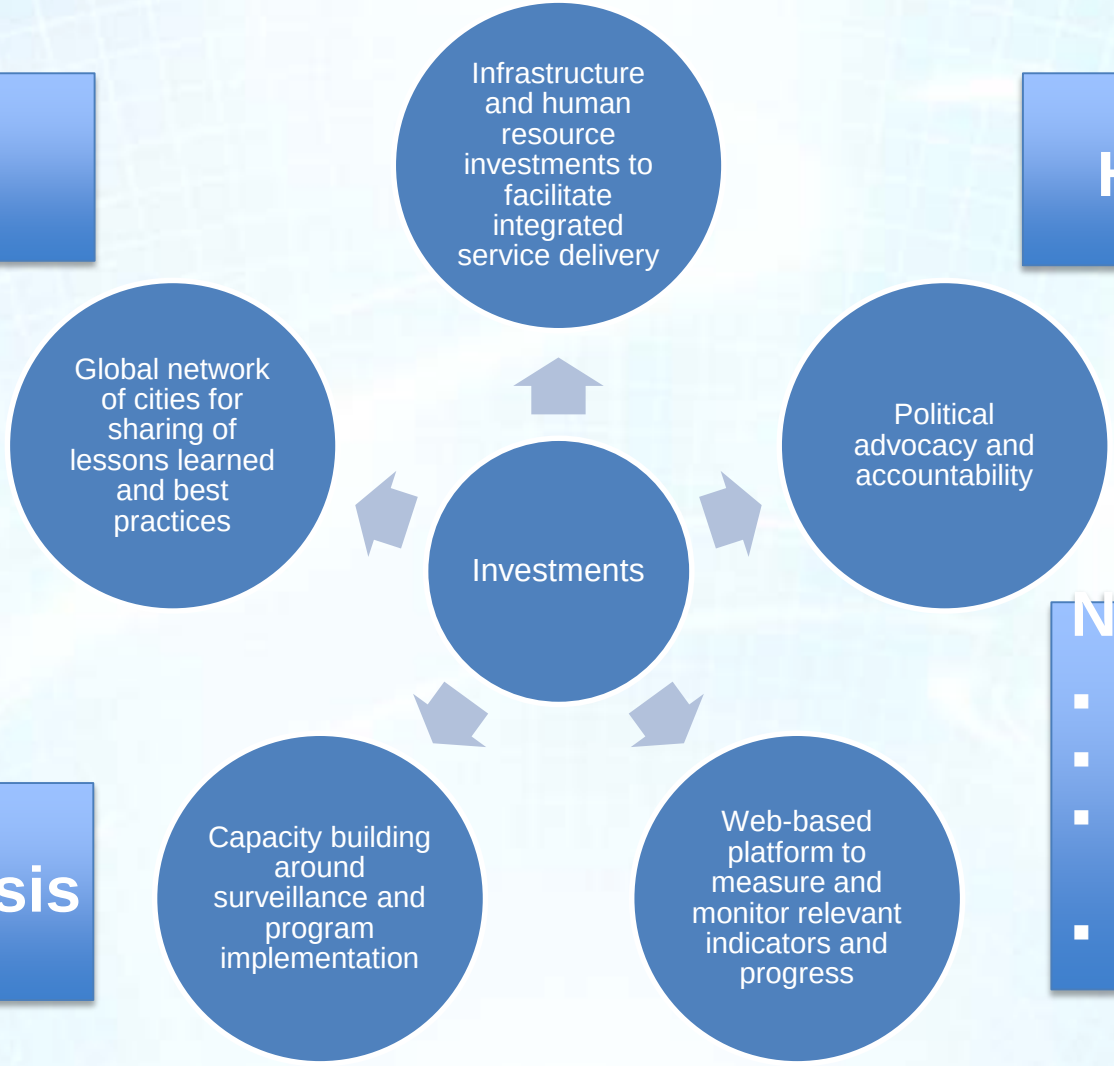
LEVERAGING FAST-TRACK CITIES

HIV

HBV/HCV



Tuberculosis

NCDs

- **Depression**
- **Diabetes**
- **Hypertension**
- **Cervical cancer**

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QUESTIONS? THINK YOUR CITY SHOULD JOIN THE FAST-TRACK CITIES INITIATIVE?

Visit

www.fast-trackcities.org

Email me

sravishankar@iapac.org

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NYS Ending the HIV Epidemic (EtE) Initiative

Robert H. Remien, Ph.D.

Director: HIV Center for Clinical and Behavioral Studies
Professor of Clinical Psychology (in Psychiatry)
Columbia University and
New York State Psychiatric Institute

In partnership with:
NYS and NYC Departments of Health

NEW YORK STATE Department of Health AIDS Institute

NYC Health

HIV CENTER for Clinical and Behavioral Studies
at the New York State Psychiatric Institute and Columbia University

Lead-up to the Statewide Initiative

- **January 7, 2013:** Housing Works, Treatment Action Group (TAG), and the HIV Center convened a meeting to begin developing an HIV/AIDS investment strategy for NYS, bringing together public health officials, researchers, and community groups.
- **May 6, 2013:** 2nd consultation on revitalizing New York State's HIV/AIDS response, which now included the NYS Medicaid Director and NYSDOH, AIDS Institute Director, along with the NYCDOHMH HIV Deputy Commissioner.
- **August, 2013:** AIDS Institute asked TAG and Housing Works, in consultation with researchers and other stakeholders to draft a framework laying out the key elements of a NYS strategy to End AIDS as an Epidemic. It was proposed that the NYS strategy be based on five pillars:

Strategy Based on 5 Pillars

- **Twenty-first-century surveillance (know your epidemic):** Know who is living with HIV and make sure they're getting needed services. Know where HIV is being transmitted and intervene there quickly to stop chains of uncontrolled transmission.
- **Evidence-based combination HIV prevention** for both HIV-negative and HIV-positive persons.
- **Focus on filling the gaps in the HIV continuum of care** to maximize the speed, proportion, and number of people able to successfully suppress their HIV as soon as possible once they are diagnosed.
- **Assure the availability of essential supportive services**; and **support research** needed to improve service delivery and optimize outcomes (for both HIV+ and HIV- populations).
- **Commit political leaders and all New York communities** to leadership and ownership of the NY Plan to End AIDS.

Ending the Epidemic (EtE): A Recipe

Science

Community

Political Will

GET TESTED.
TREAT EARLY.
STAY SAFE.

End AIDS.

Informed implementation

Andrew M. Cuomo - *Governor*

Governor Cuomo Announces Plan to End the AIDS Epidemic in New York State

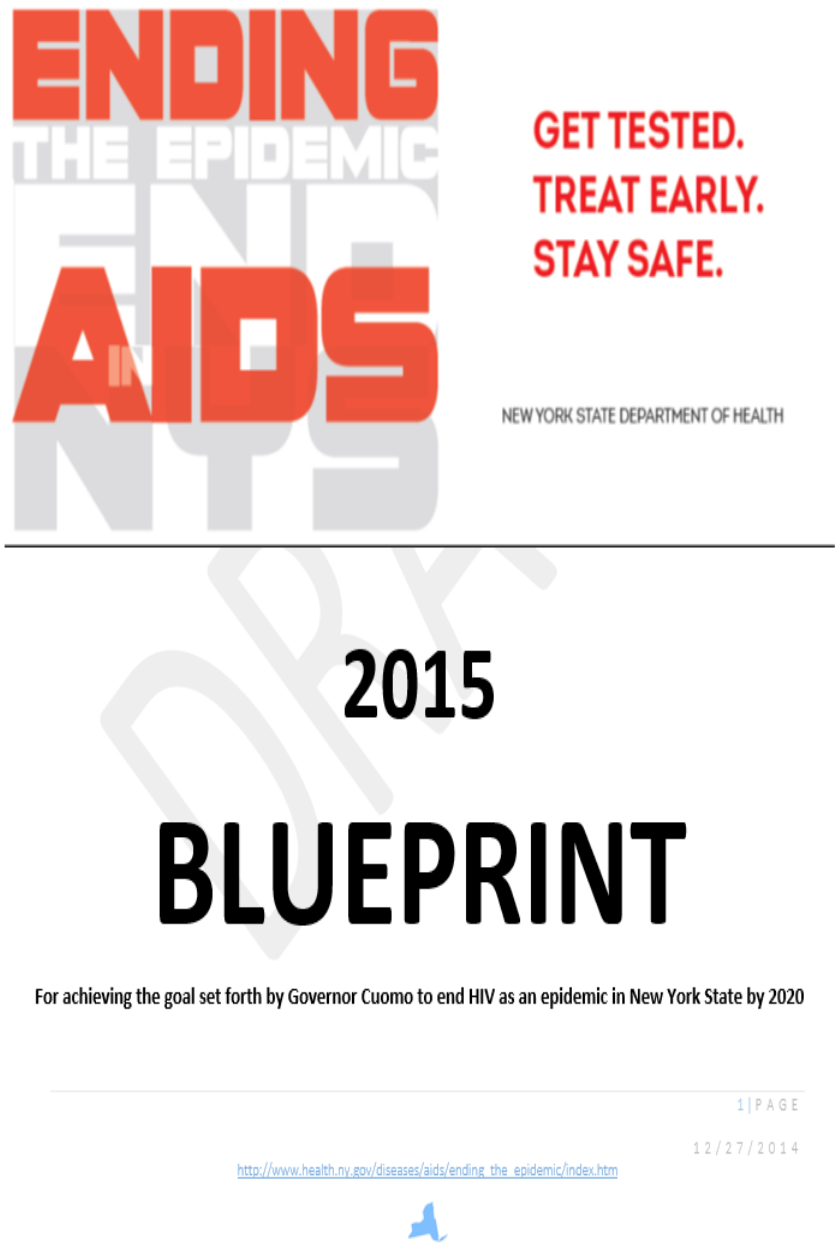
Three-pronged Plan Focuses on Improved HIV Testing, Preventing the Spread of the Disease, and Better Treatment for People Who Have It

Albany, NY (June 29, 2014)

Governor Andrew M. Cuomo today announced a three-point plan to "bend the curve" and decrease new HIV infections to the point where the number of people living with HIV in New York State is reduced for the first time. The end of the AIDS epidemic in New York will occur when the total number of new HIV infections has fallen below the number of HIV-related deaths.

The "Bending the Curve" three-point program includes:

1. **Identifying persons with HIV who remain undiagnosed and linking them to health care;**
2. **Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and**
3. **Providing access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.**



In October, 2014, members were appointed to the NYS Ending the Epidemic Task Force, assigned to one of 4 Committees: (1) Data, (2) Prevention, (3) Care, and (4) Housing and Supportive Services

On January 13, 2015 the Task Force completed it's charge and finalized 44 committee recommendations that address HIV related prevention, care and supportive services.

Committee Recommendations were informed by 294 community recommendations and 17 statewide stakeholder meetings.

The final Blueprint contains 30 Blue Print Recommendations and 7 Getting to Zero Recommendations.

Blueprint to End AIDS by 2020

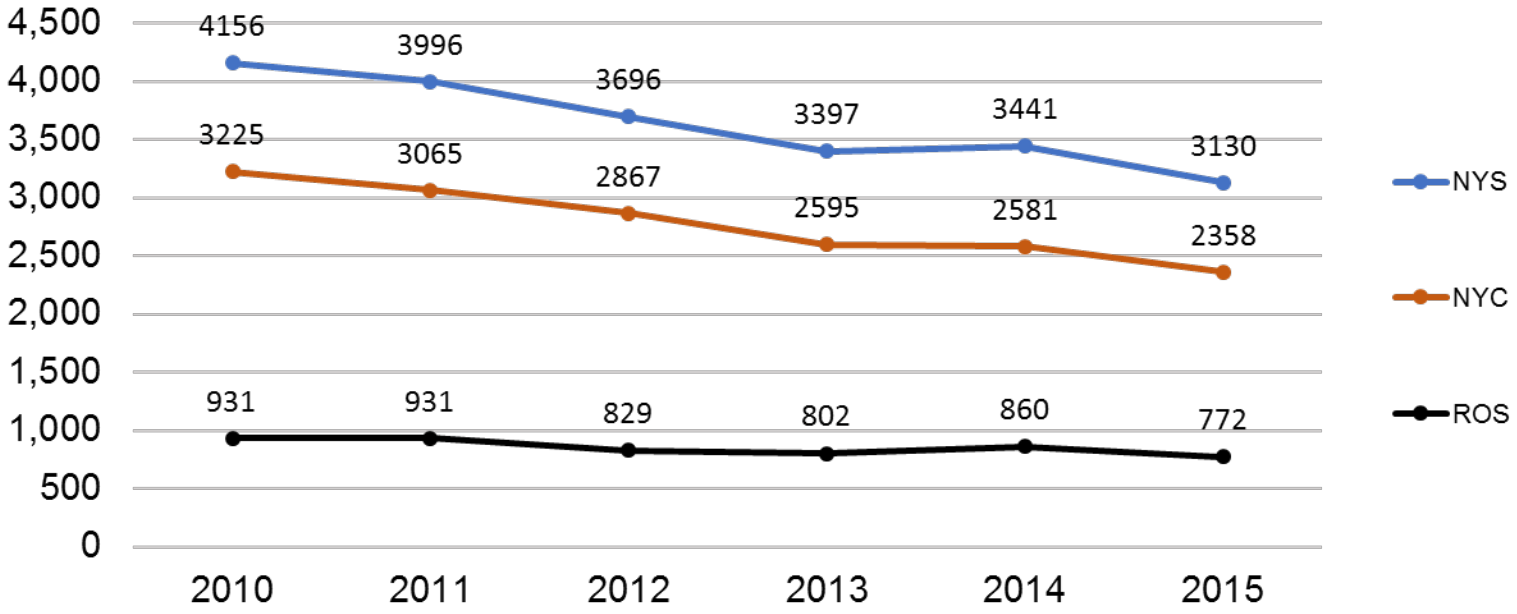
On April 29th, 2015 Gov. Cuomo announced the launch of the Blueprint at the LGBT Center in Manhattan.

"Thirty years ago, New York was the epicenter of the AIDS crisis -- today I am proud to announce that we are in a position to be the first state in the nation committed to ending this epidemic".

NYS Data1

Newly Diagnosed HIV Cases, 2010-2015

Average Change 2010-2015 = -5%
Change 2014-2015 = -9%

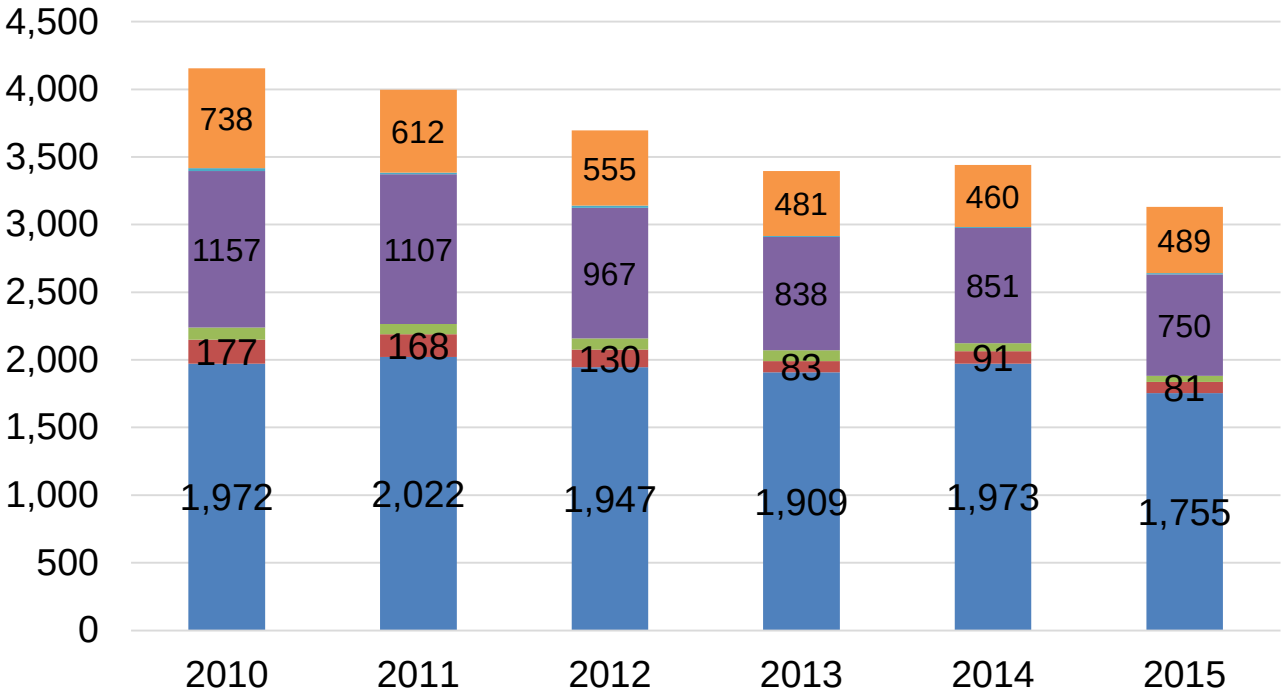


December 2016 BHAE statewide analysis file

NEW YORK STATE Department of Health | AIDS Institute

NYS Data2

Newly Diagnosed HIV Cases by Year of Diagnosis and Transmission Risk, NYS, 2010-2015



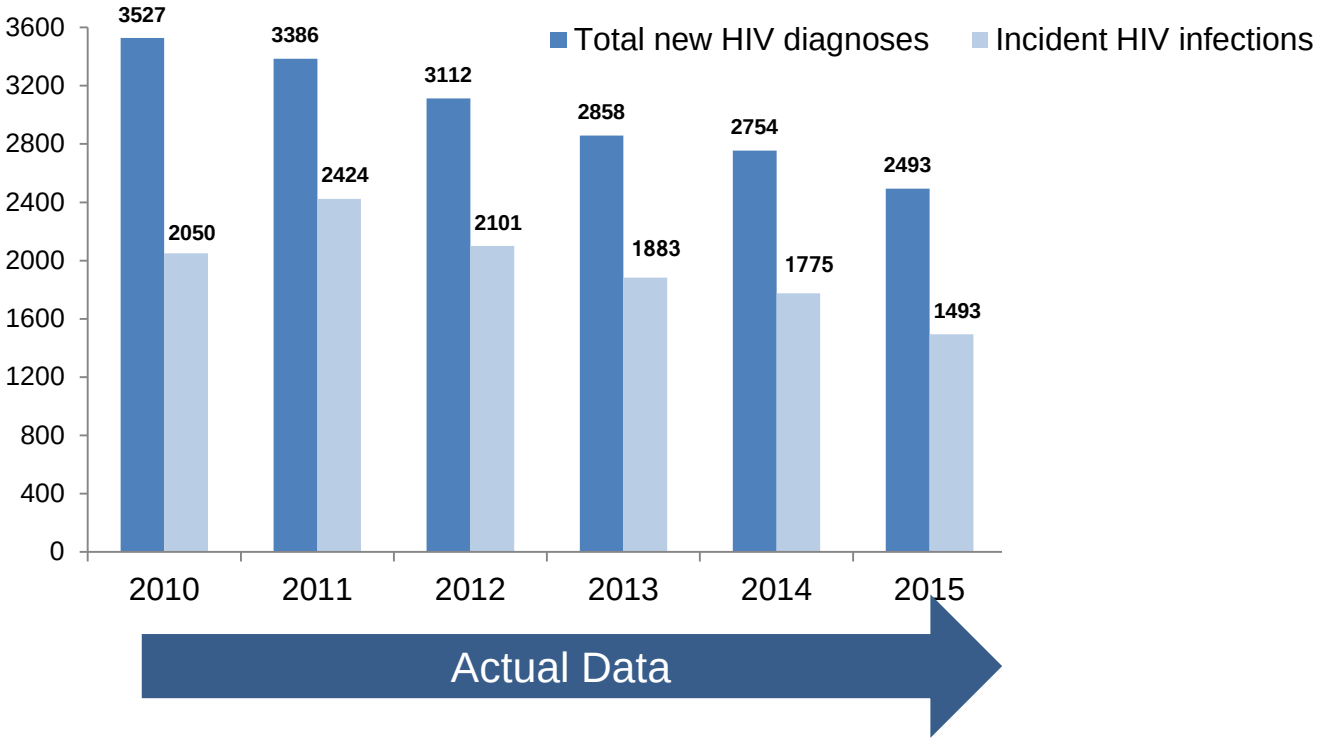
MSM new diagnoses
Change 2010 – 2015 : -2%
Change 2014 – 2015: -11%

December 2016 BHAE statewide analysis file

NEW YORK STATE | Department of Health | AIDS Institute

NYC Data & Projection

Achieving EtE GOALS: New HIV Diagnoses and Estimated Incident HIV Infections, NYC, 2010-2020



The number of new HIV diagnoses from 2010 to 2015 was reported to NYC DOHMH as of June 30, 2016. Incident HIV infection estimates from 2010 to 2015 were calculated using the CDC Stratified Extrapolation Approach (SEA). All data from 2016 to 2020 are estimates based on the slope of decline previously observed.

New York State Ending the Epidemic

State-wide Initiatives 1

Identify all persons with HIV who remain undiagnosed

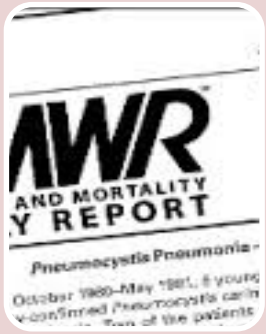
Link and Retain Persons with HIV in care to Maximize Viral Suppression

Rapid Access Treatment Pilot Ensures Immediate Access

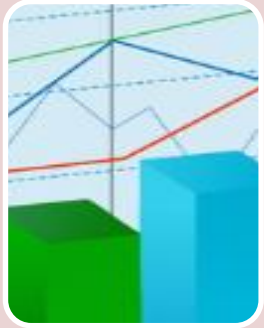
Increasing Access to PrEP and PEP

PrEP Detailing

Regional ETE Steering Committees

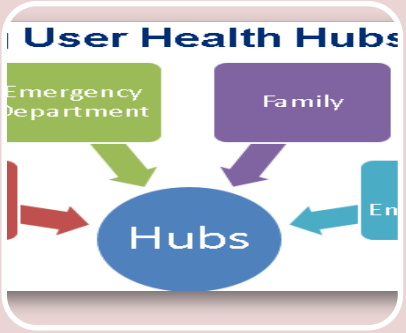


Setting a goal of zero AIDS mortality and zero HIV transmission through injection drug use by the end of 2020.



Data Collection and Efficiency

State-wide Initiatives 2



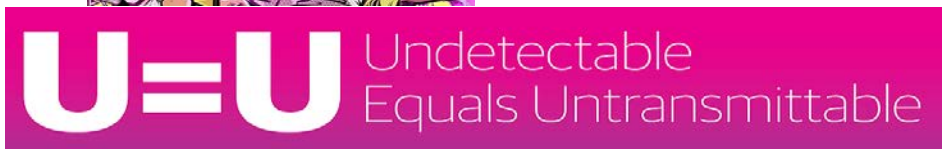
Hepatitis C Elimination Efforts

Improving Drug User Health

Increased Efforts to Curb New STD Infections

Advancing LGBT Health and Championing Health Equity

New York State Department of Health Endorses U=U for Sexual Transmission!



The New York City EtE Plan: Strategies to Address Disparities

1. Transform “STD Clinic” into “Destination Clinics” for Sexual Health Services
2. Develop newly branded Sexual Health Clinics as Efficient Hubs for HIV Treatment and Prevention
3. Launch PrEP Service Delivery and Repair the nPEP Delivery System
4. Support Priority Populations Using Novel Strategies
5. Take NYC Viral Suppression from Good to Excellent
6. Make NYC HIV Status Neutral

Not Just a Plan Any More!
NYC Sexual Health Centers are HIV Hubs!!

PEP 28
Started 10/31/16
ALL CLINICS
745 Patients
61% Black/Latinx

PrEP Navigation
Launched 10/31/16
ALL CLINICS
Over 3,000 Encounters

"JumpstART"
Launched 11/23/16

STARTED IN ONE CLINIC
FIVE MORE NOW ON BOARD

117 JumpstARTs
69% Black/Latinx

PrEP Initiation
Started 12/22/16

STARTED IN ONE CLINIC
NOW AT 3rd CLINIC

262 PrEP Starts
63% Black/Latinx

Fix nPEP Delivery in NYC

24 HR PEP LINE

Clinician Staffed

Free Starter Packs prescribed without a visit at a 24h pharmacy

Link to PEP Center next business day

PEP CENTERS OF EXCELLENCE

Urgent Care Model

Immediate Starts Regardless of Insurance status

PrEP Linkage

Bare It All

Citywide campaign that encourages LGBTQ New Yorkers to speak to their doctors about everything that affects their health

This campaign stresses that if LGBTQ New Yorkers are not comfortable with their current provider, that they should seek out a new provider.

- Directory of 100+ LGBTQ-knowledgeable providers created
- Accessible via 311 and online from the NYC Health Map

LGBTQ Health Care Bill of Rights

http://www1.nyc.gov/assets/doh/downloads/pdf/ah/lgbtq-bor-wallet.pdf

*"In New York City, it is illegal to discriminate on the basis of a person's sexual orientation, gender identity or gender expression in public accommodations, including in **health care settings."***

LGBTQ HEALTH CARE BILL OF RIGHTS

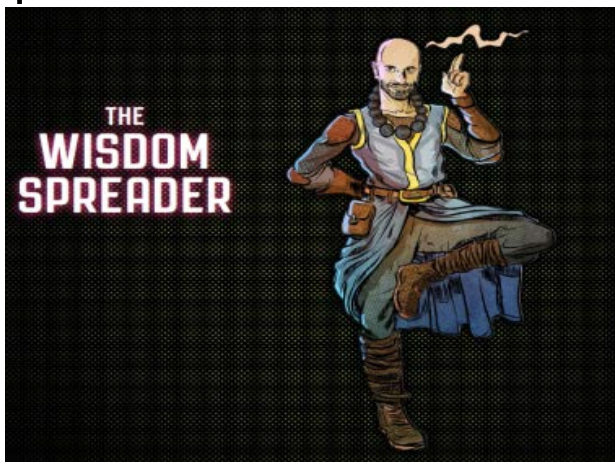
Mobilizes existing health care protections to empower LGBTQ New Yorkers to get the health care they are entitled to

Reiterates that health care providers are accountable to their patients and cannot legally provide LGBTQ people with a lower quality of care because of their sexual orientation, gender identity or gender expression

Call to Action: *Contact the NYC Commission on Human Rights to file a complaint if they believe they have been mistreated, denied care or services because of their sexual orientation, gender identity or gender expression*

liveundetectable.org

- Scale up of intervention developed by Housing Works
  - Multi-domain strategy
    - Social
    - Medical
    - Behavioral
    - DOT and Beyond
- Use of financial incentives for suppression



Housing = Healthcare

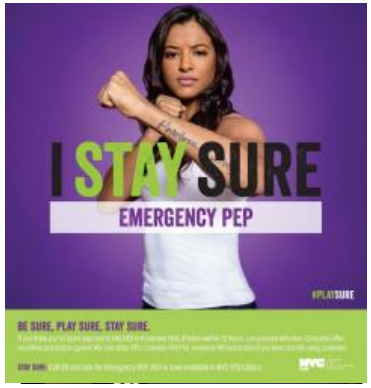
- Homelessness, unstable or inadequate housing is linked to higher viral loads and failure to attain or sustain VLS*
- NYC HIV/AIDS Service Administration (HASA)- Housing for poor PLWH with disease progression
- HASA for ALL: HASA criteria are now INDEPENDENT of disease state
- Since Fall 2016-1000 clients housed who would not have previously qualified

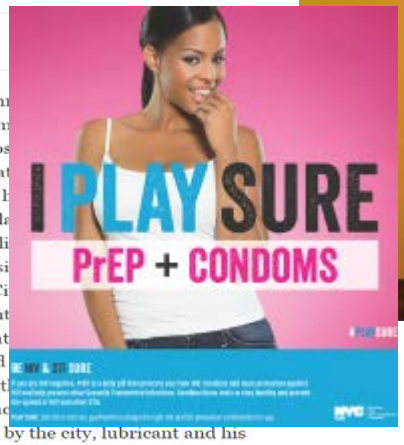
*Aidala et. al. AJPH, 106:1 2016.

Prevention=Treatment

New York Revamps Safe Sex

Big City
By GINIA BELLAFANTE DEC. 18, 2015





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Treatment=Prevention

NEWSFEED · TREATMENT NEWS

First U.S. Public Health Official Endorses "Negligible Risk" When Undetectable

NYC-Supported Testing Site

NYC-Supported CBO

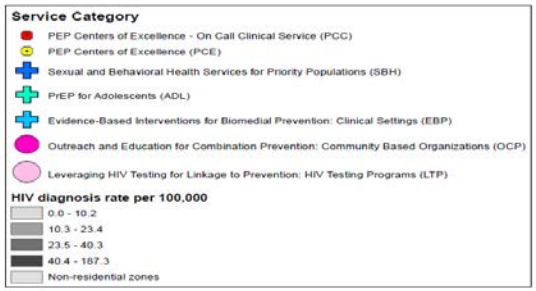
PlaySure Network

NYC-Supported PEP/PrEP Clinic

STD PrEP Program

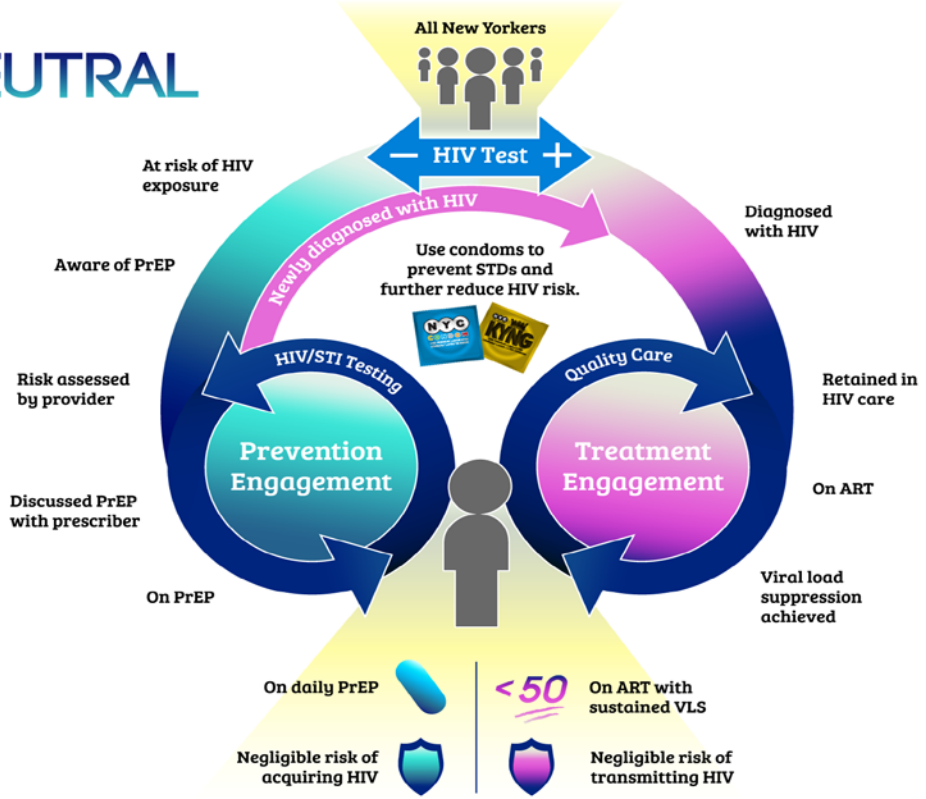
People started on PrEP in STD clinics will be referred into the PlaySure Network or to other NYC PrEP providers.

PlaySure Network Site Map



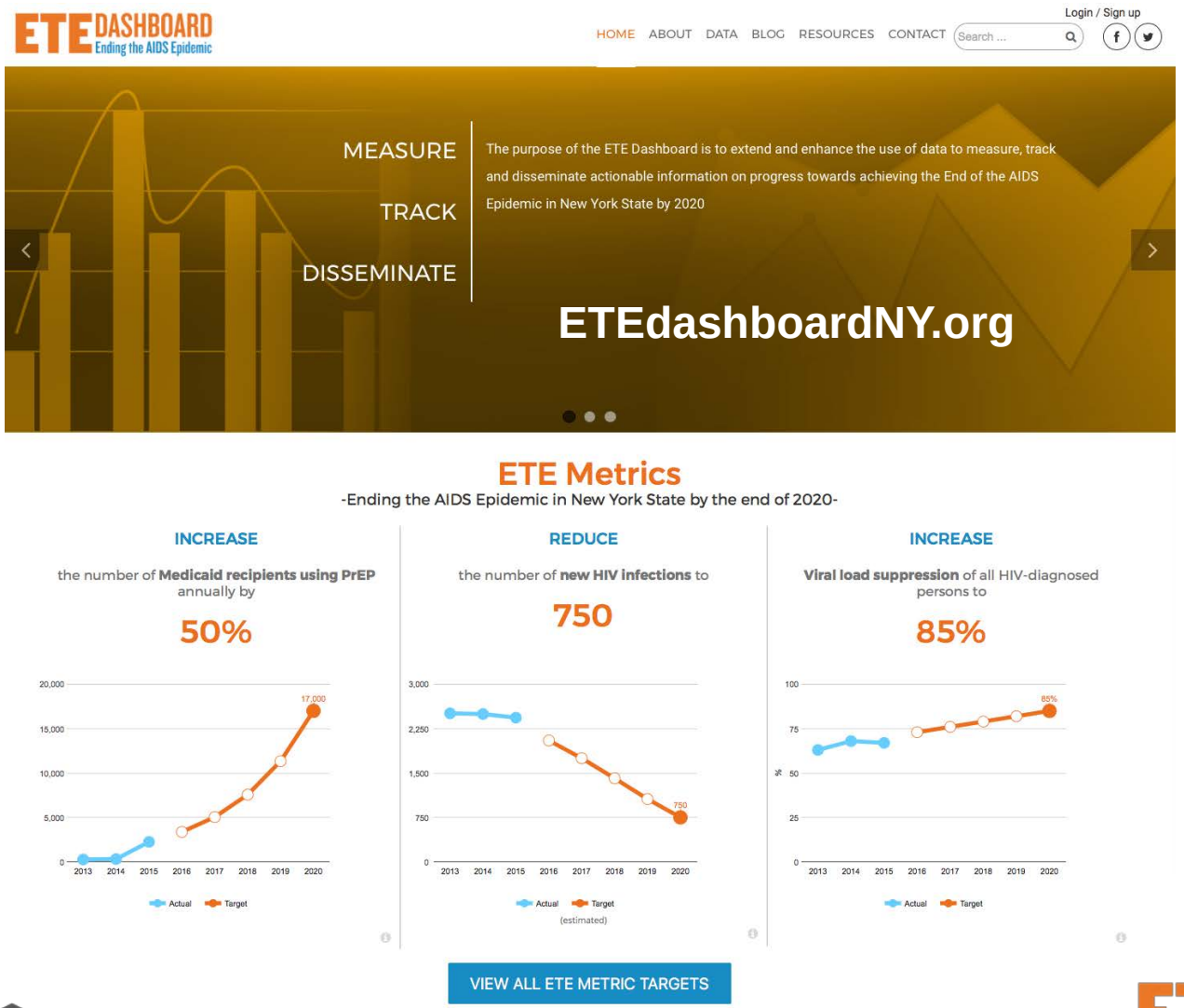
NEW YORK CITY'S

HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE



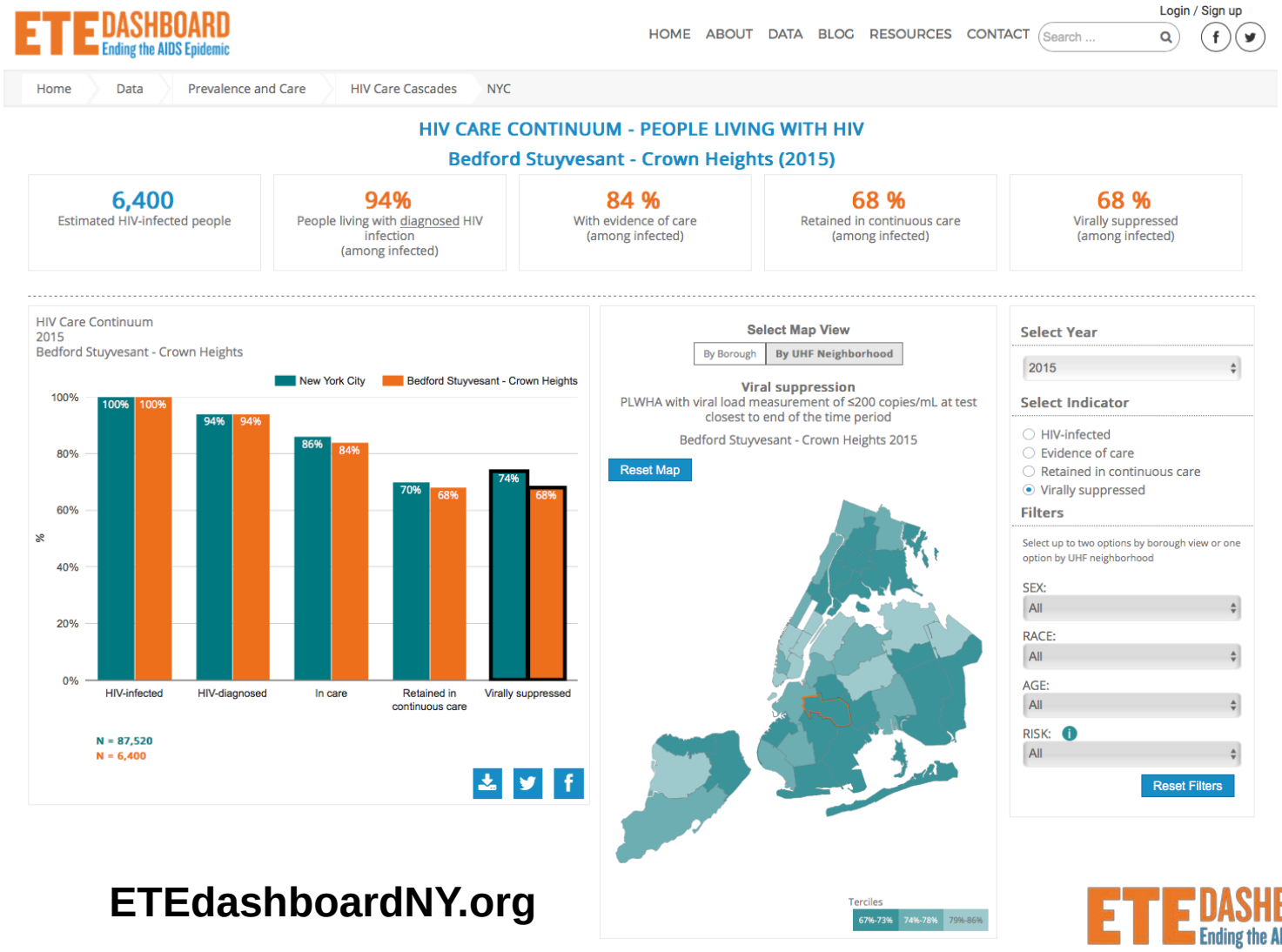
People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.

NYC Health



ISPH CUNY
Institute for Implementation Science in Population Health
cunyisph.org

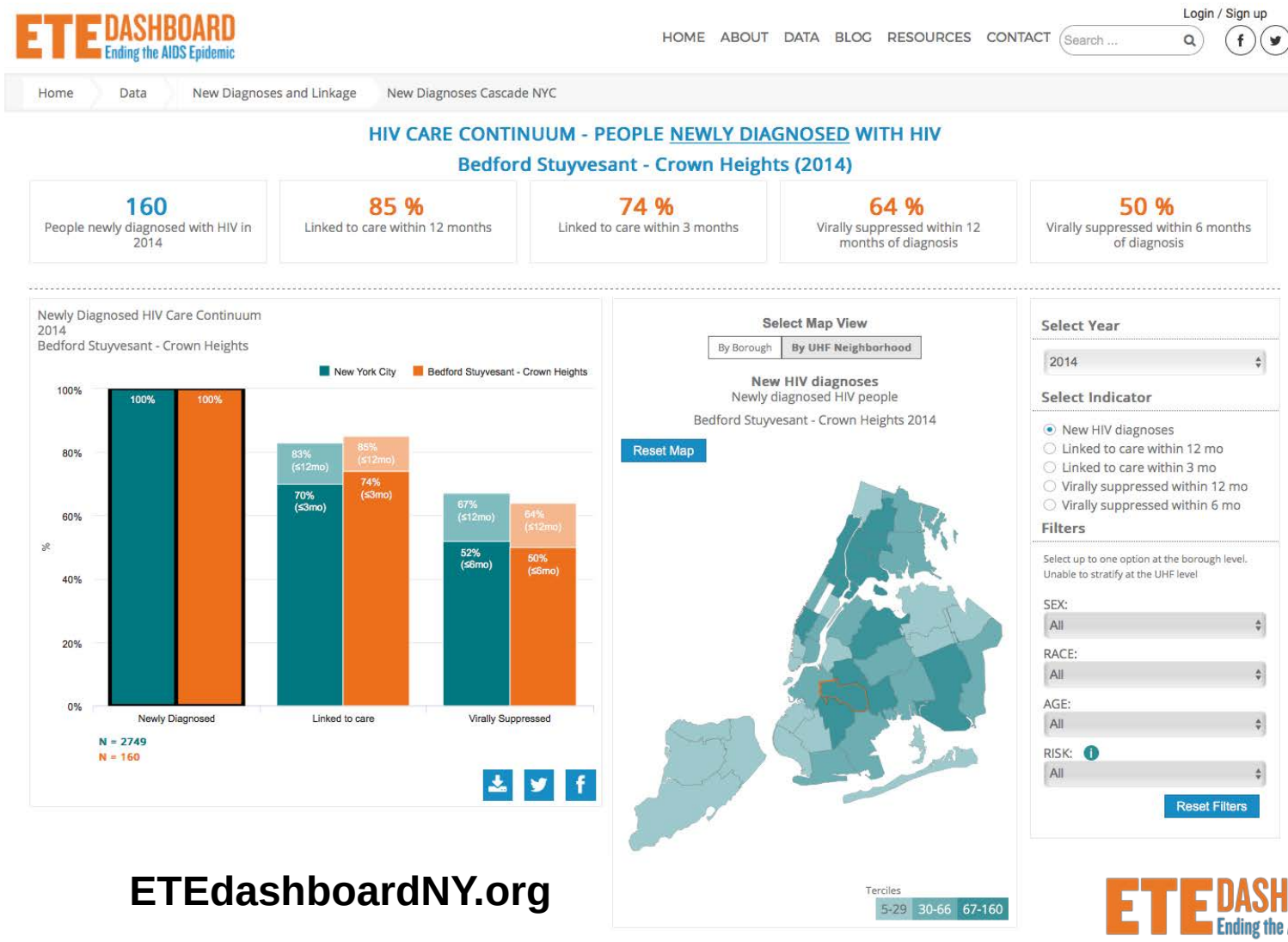
ETE DASHBOARD
Ending the AIDS Epidemic



ETEdashboardNY.org

ETE DASHBOARD
Ending the AIDS Epidemic

ISPH CUNY
Institute for Implementation Science in Population Health
cunyisph.org



ETEdashboardNY.org

ETE DASHBOARD
Ending the AIDS Epidemic

ISPH CUNY
Institute for Implementation Science in Population Health
cunyisph.org

BSSR Agenda

- *Implementation of EtE programs calls for a **Robust Implementation Science Research Agenda***
  - Uptake and retention: population-specific and setting specific differences: ”who is left behind?” / “where are the gaps?”
  - Facilitators and barriers; longitudinal pathways
  - Mediators & moderators of uptake and retention: individual, community, structural, and policy-level factors
- A Few Examples of Specific Domains
  - “Cultural competence” of providers / care settings
  - Impact of policy changes (e.g., LGBTQ HCBR; Housing)
  - U=U: understanding of & influence on behaviors & health
  - Efficacy of specific public health / media campaigns
  - Longterm outcomes following immediate ART/PrEP
  - Utilization of EtE Dashboard

Acknowledgements

NYC Department of Health and Mental Hygiene

- Demetre Daskalakis
- NYC DOHMH Bureau of HIV services
- NYC DOHMH Bureau of STDs

New York State AIDS Institute

- Johanne Morne; Karen Hago
- Entire AIDS Institute Team

NIMH

ERC-CFAR

NYS ETE Task Force

Denis Nash, CUNY ISPH ETE

Charles King, Housing Works

Mark Harrington, TAG

New York ETE Resources

- NYC documents and links
  - http://www.fast-trackcities.org/resources/new-york
- New York State ETE Blueprint and other resources
  - https://www.health.ny.gov/diseases/aids/ending_the_epidemic
- New York's ETE Dashboard
  - http://ETEdashboardNY.org
- NYC LGBTQ Health Care Bill of Rights
  - http://www1.nyc.gov/assets/doh/downloads/pdf/ah/lgbtq-bor-wallet.pdf

San Francisco Getting to Zero Initiative

WAYNE T. STEWARD, PHD, MPH
CENTER FOR AIDS PREVENTION STUDIES
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Overview of Presentation

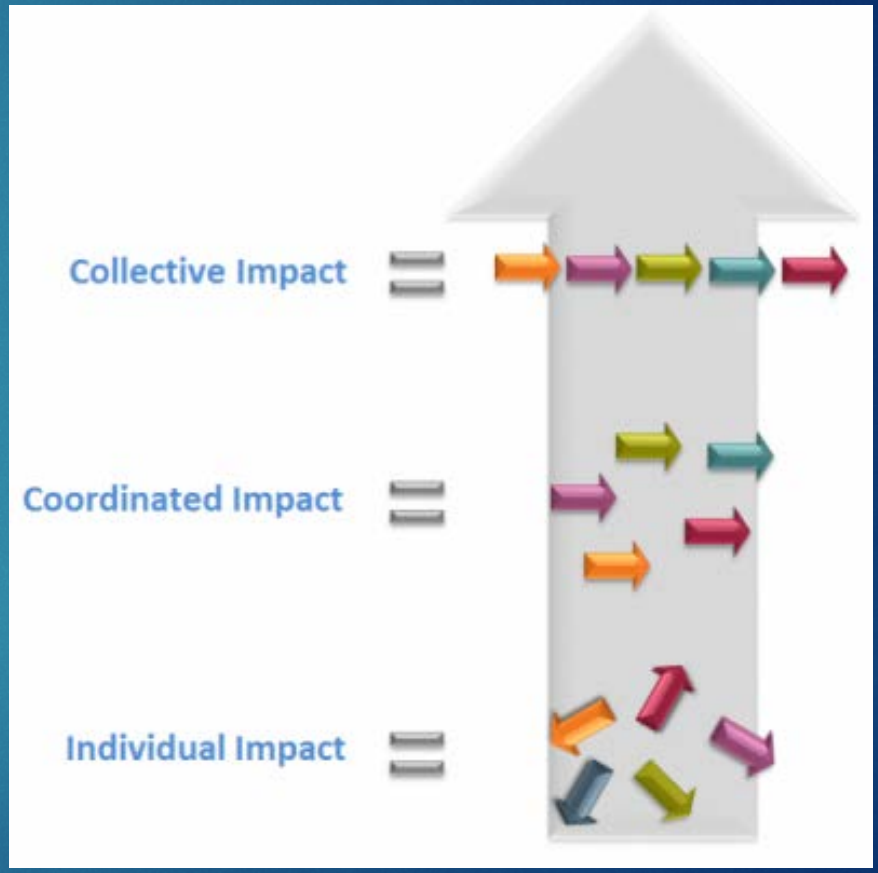
- Structure of the initiative
- Major strategies
- Impact
- Implications

Overarching Vision

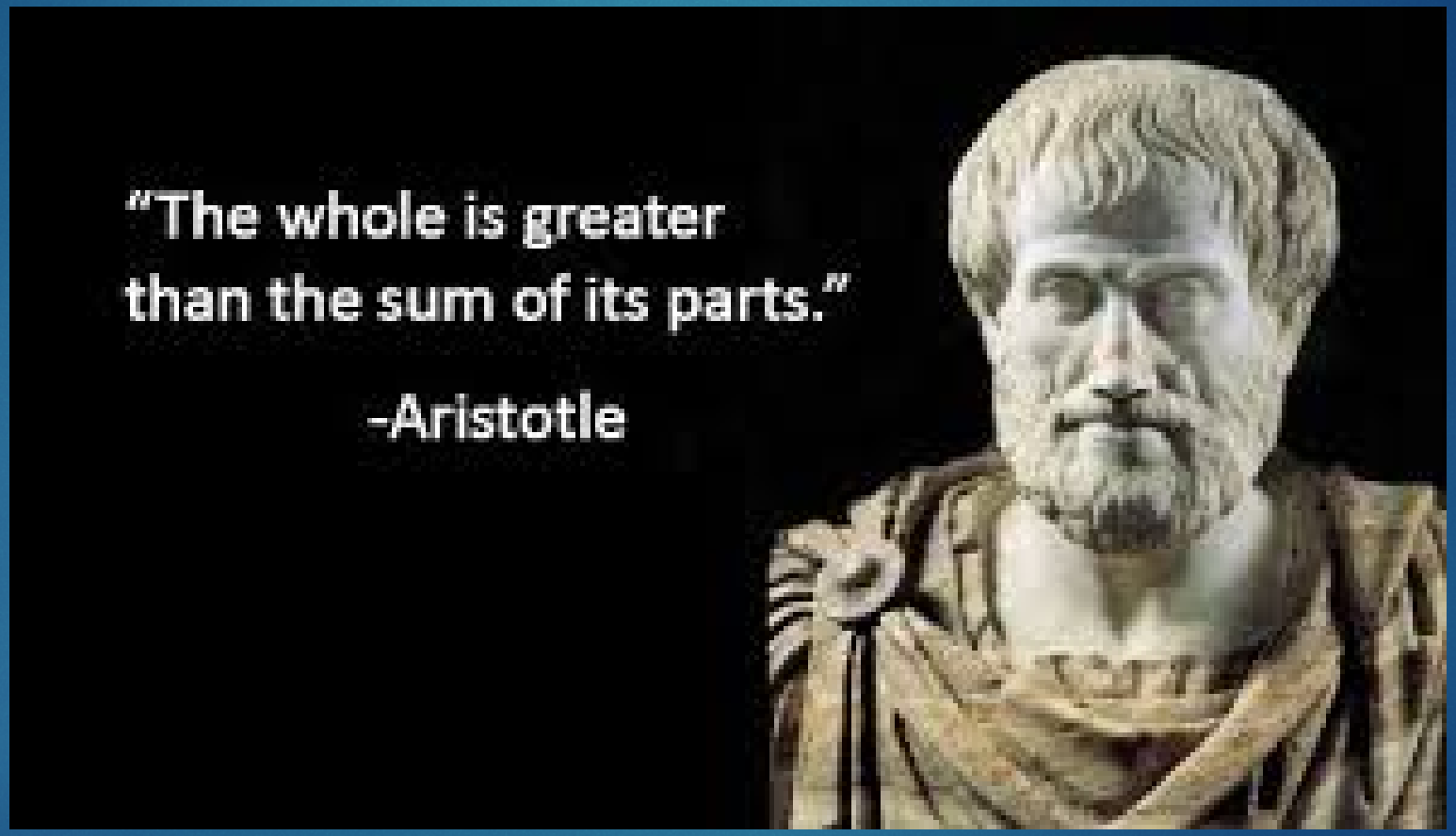
- Genesis: World AIDS Day 2013
  - “Are you working together?”
- Collaboration among public health, medical, community, and academic partners
- Major goals:
  - Zero HIV infections
  - Zero HIV deaths
  - Zero HIV stigma

Overarching Vision

- Collective impact
  - Backbone organization
  - Communication
  - Mutually reinforcing activities
  - Common Progress Measures
  - All leading to a common agenda



Collective Impact



Committee Foci

- Overall initiative funding and operations coordinated by a steering committee
- Working committees develop action plans and metrics for assessing progress
  - PrEP
  - RAPID (linkage to care)
  - Retention
  - Ending Stigma
  - Adolescents

Strategies Being Implemented

- Across initiative, successful implementation of strategies that promote:
  - Structural change
  - Education
  - Navigation

PrEP

- Funding for new PrEP programs at community–based agencies and pharmacy
- Emergency fund for youth
- PrEP ambassador program
- Provider trainings
- Digital navigation (PleasePrEPme.org)
- City-wide PrEP navigator meetings

RAPID (Linkage to Care)

- Provider directory
- Providers detailed to clinics to familiarize them with RAPID implementation
- RAPID Linkage Specialist

- Goal is to link newly diagnosed clients in SF to care within five days of diagnosis
  - Begin ART at first care visit

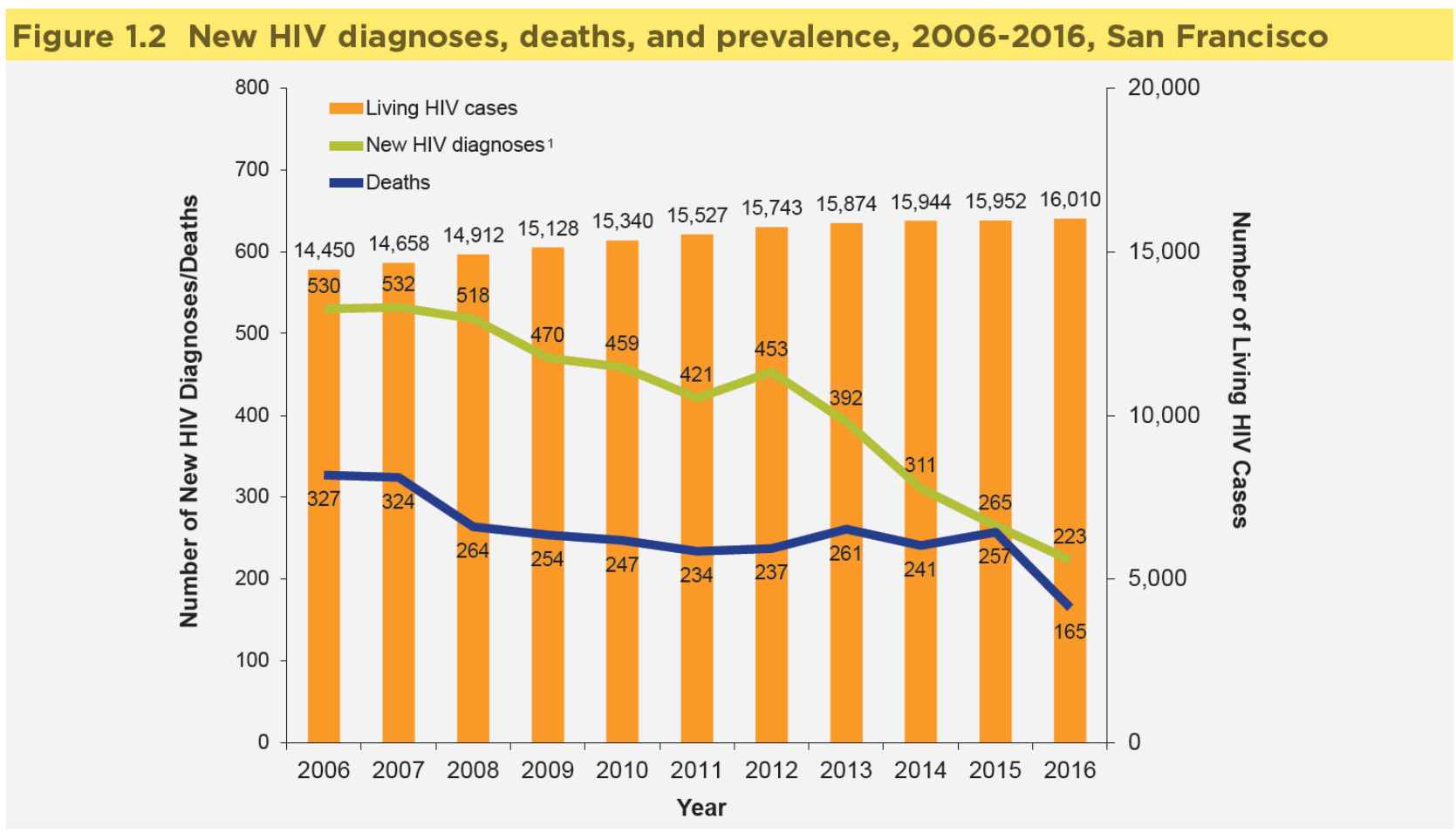
Retention

- Trainings for frontline workers
- HIV ReConnect (navigation options in SF)
- LINCS: navigation support and partner referral services
- Intensive case management

Challenges

- Several strategies have faced complications with implementation
  - Stigma reduction
    - Initial challenge for the city to figure out how to incorporate stigma reduction into its funding opportunities.
    - Tracking stigma reduction progress requires additional data collection
  - Addressing social and economic contexts
    - Political resistance to putting relevant services under a GTZ budget

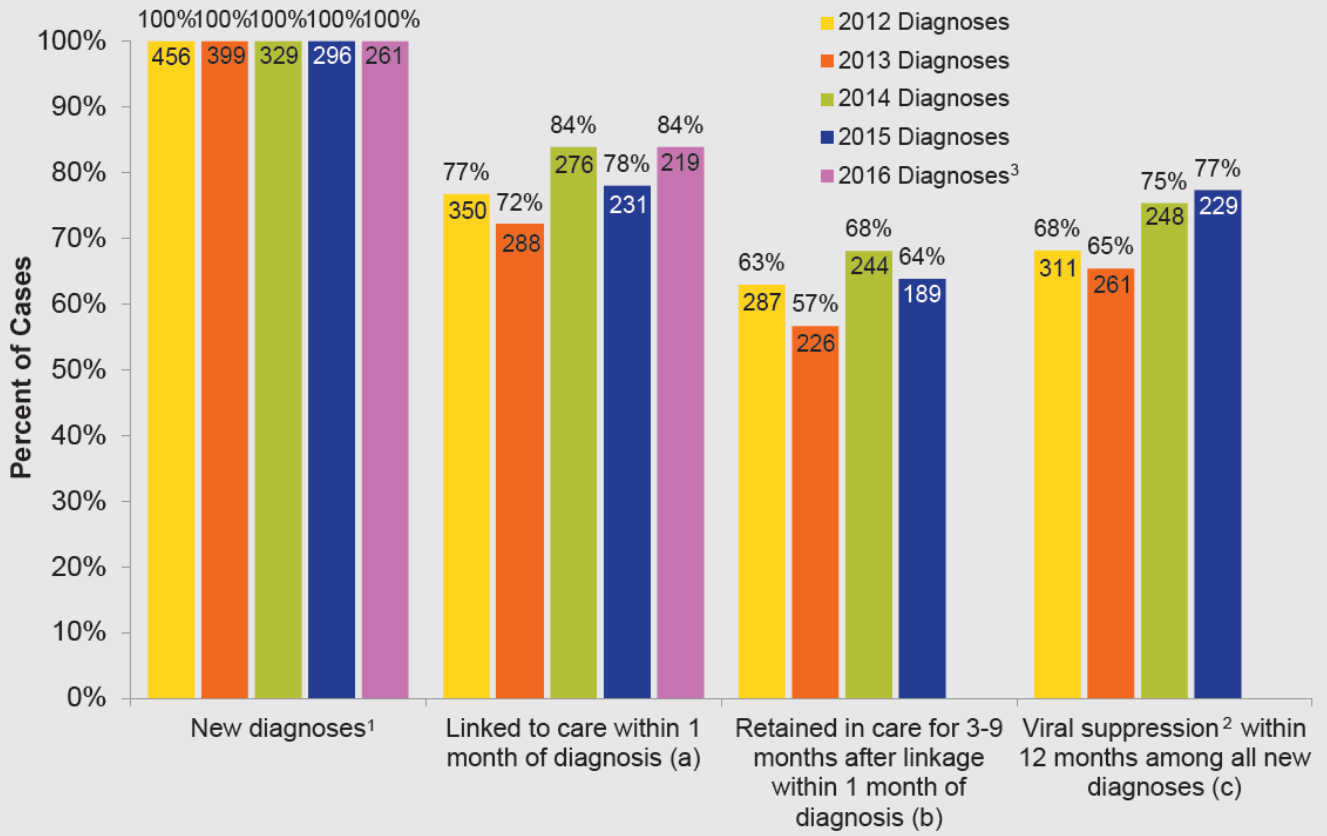
Impact



Source: HIV Epidemiology Report 2016. San Francisco Department of Public Health

Impact

Figure 3.1 Continuum of HIV care among persons newly diagnosed with HIV, 2012-2016, San Francisco



Source: HIV Epidemiology Report 2016. San Francisco Department of Public Health

Impact on Disparities

Figure 2.2 Annual rates[1] of men newly diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2016, San Francisco

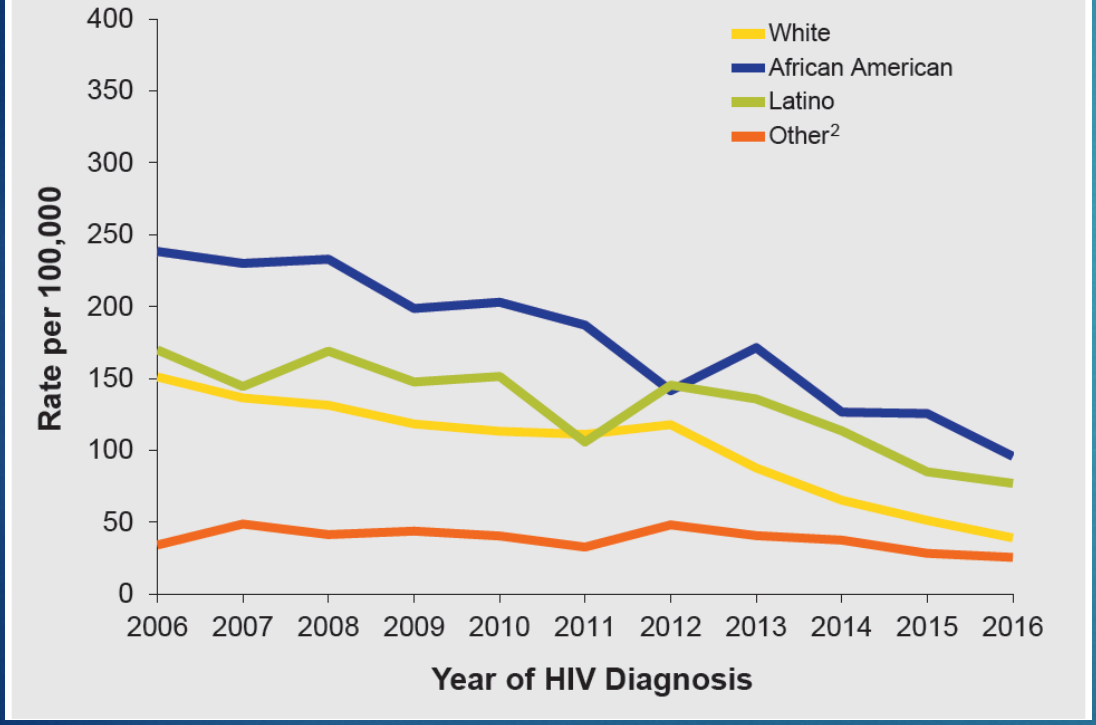
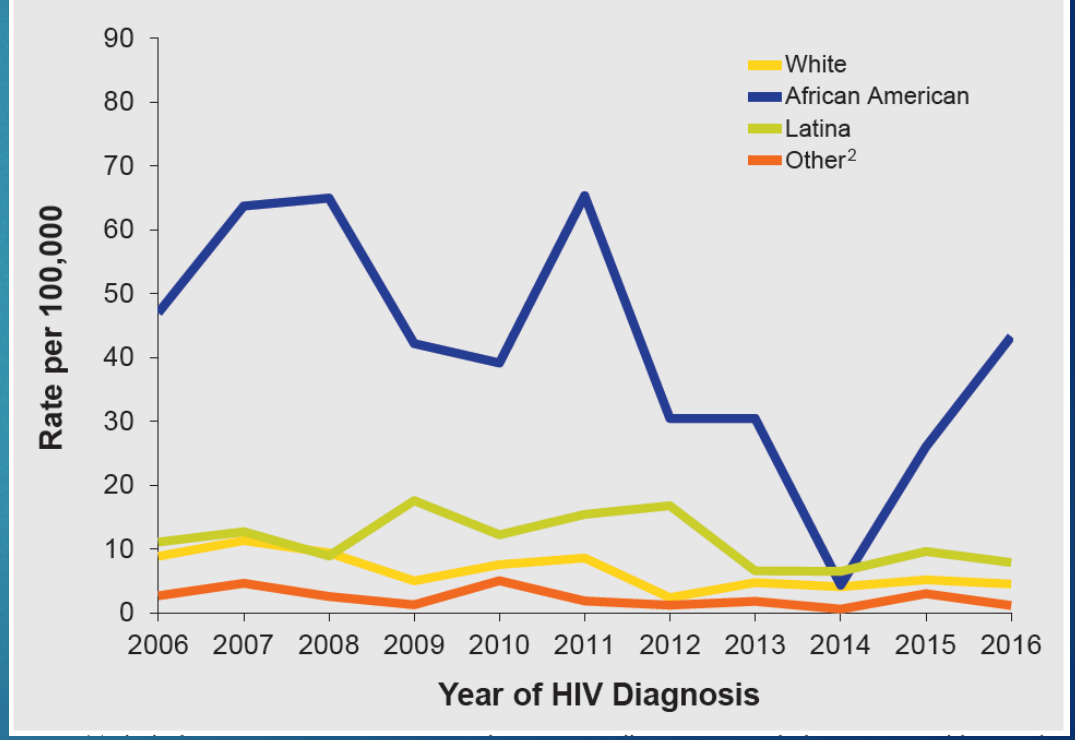


Figure 2.3 Annual rates[1] of women newly diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2016, San Francisco



Source: HIV Epidemiology Report 2016. San Francisco Department of Public Health

Impact on Disparities

Table 3.3 Care indicators among persons living with HIV in 2015 who resided in San Francisco at diagnosis, by demographic and risk characteristics

	Number of living cases[1]	% with >= 1 laboratory test in 2015[2]	% with >=2 laboratory tests in 2015[2]	% Virally suppressed (most recent viral load test in 2015 <200 copies/mL)[2]
Total	**15,065**	**74%**	**56%**	**67%**
Gender				
Male	13,871	73%	55%	67%
Female	845	78%	60%	62%
Trans Female	349	81%	69%	67%
Race/Ethnicity				
White	9,115	74%	56%	68%
African American	1,806	76%	57%	62%
Latino	2,804	71%	54%	64%
Asian/Pacific Islander	850	74%	55%	68%
Other/Unknown	490	80%	59%	68%
Age in Years (as of 12/31/2015)				
13-24	88	77%	58%	61%
25-29	349	73%	52%	61%
30-39	1,600	69%	46%	58%
40-49	3,699	71%	51%	62%
50-59	5,644	74%	55%	67%
60-69	3,017	78%	64%	73%
70+	668	80%	68%	76%

Source: HIV Epidemiology Report 2016. San Francisco Department of Public Health

Impact on Disparities

Table 3.3 Care indicators among persons living with HIV in 2015 who resided in San Francisco at diagnosis, by demographic and risk characteristics

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Total	**15,065**	**74%**	**56%**	**67%**
Transmission Category				
MSM	11,206	74%	55%	69%
PWID	860	74%	58%	58%
MSM-PWID	2,227	75%	58%	63%
Heterosexual	515	78%	56%	65%
Other/Unidentified	257	54%	37%	46%
Housing Status, Most Recent				
Housed	14,796	74%	56%	67%
Homeless	269	52%	41%	33%

Source: HIV Epidemiology Report 2016. San Francisco Department of Public Health

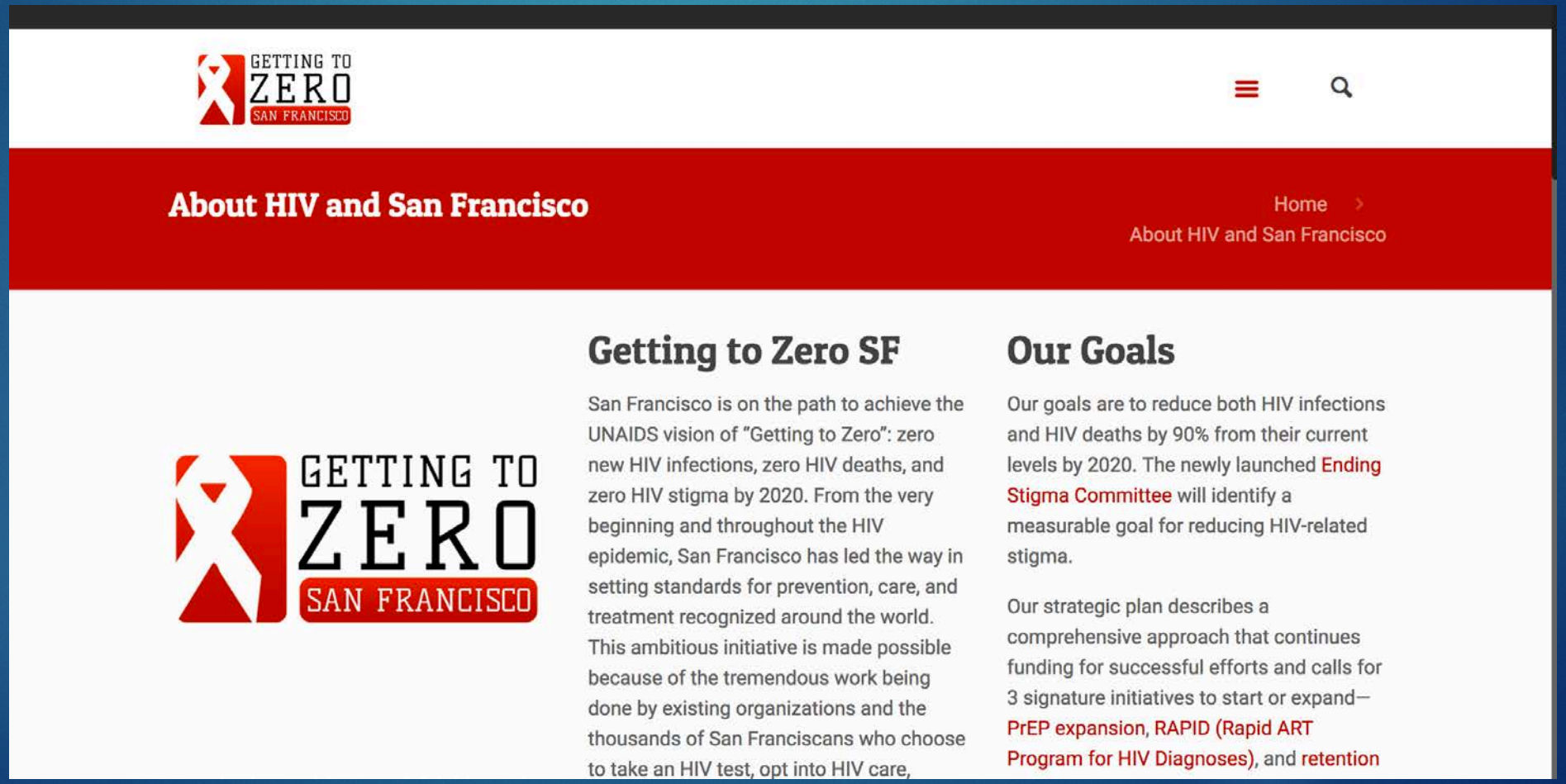
Implications

- Major emphasis on biomedical strategies
  - Social science role in education and navigation components
  - Promising temporal trends in overall HIV outcomes
- Greater challenges in addressing risk contexts
  - Greatest need for social science expertise
  - Must overcome potential funding challenges

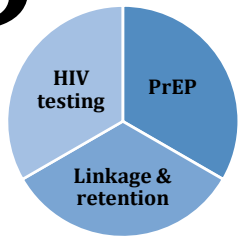
GTZ Partners

More Information

- www.gettingtozerosf.org



Getting to ZER



in the East Bay

Marsha A. Martin, DSW

SBSRN National Scientific Meeting
San Francisco, CA

October 25-26, 2017

Thank you to Sophy Wong, MD, Amanda Newletter and the team at our regional AETC for sharing their slides and their ongoing support for/to the Oakland Fast Track Cities Initiative to 90-90-90.

Thank you to the San Francisco community, public health and academic partners who continue to share wisdom and experiences with the greater Oakland community as we build our community collaboration.

Laying a Foundation for Getting to Zero:

California's Integrated HIV Surveillance, Prevention and Care Plan

GETTING TO ZERO SAN FRANCISCO

OAKLAND
Fast Track City
Fall 2014

ZERO NEW HIV INFECTIONS TOGETHER
A CARES COMMUNITY HEALTH INITIATIVE

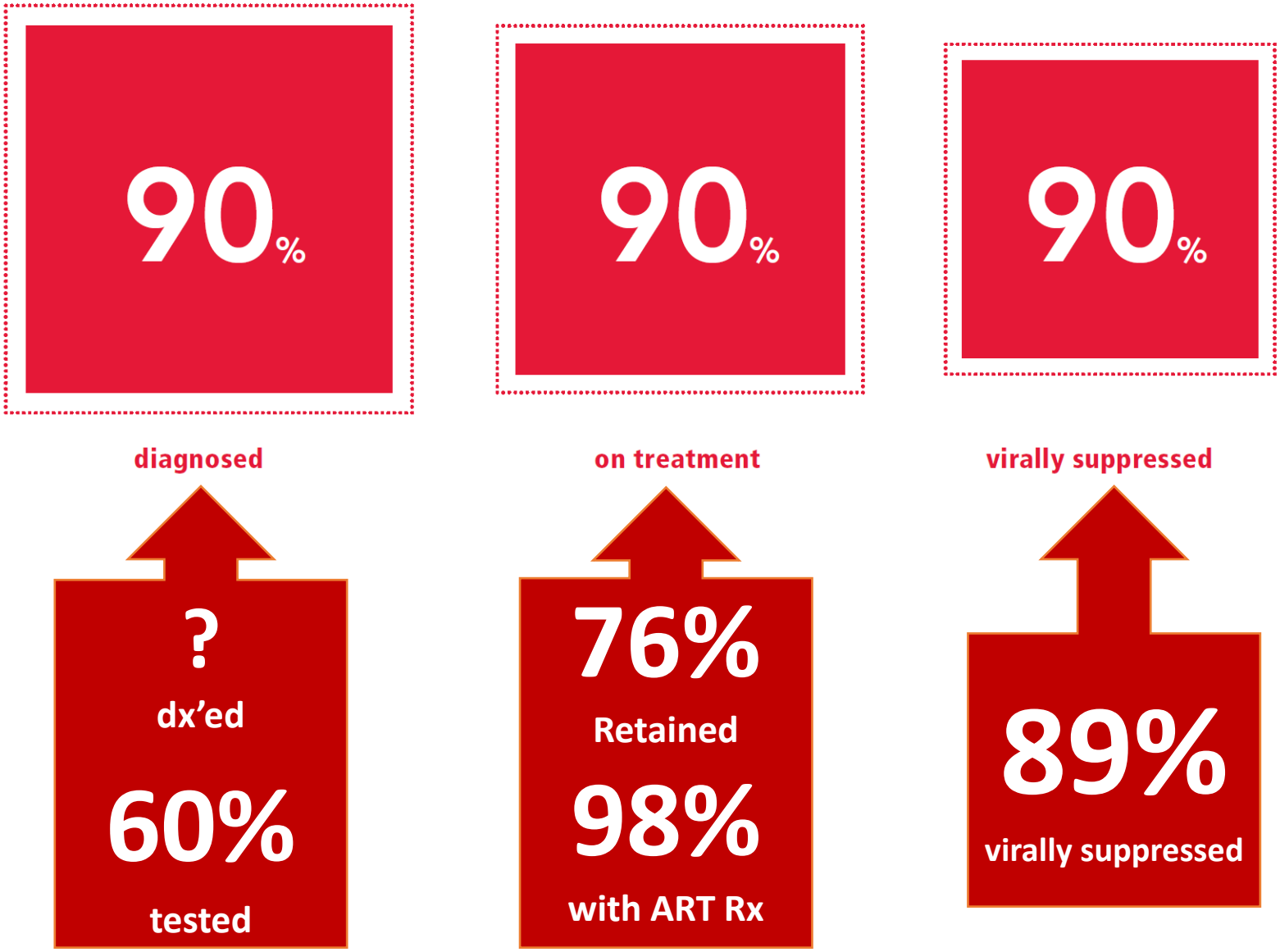
GETTING TO ZERO
SILICON VALLEY

UNAIDS | 2016–2021 Strategy

THE TREATMENT TARGET

diagnosed **on treatment** **virally suppressed**

UNAIDS | 2016–2021 Strategy



HIV ACCESS data through June 2017

Strategies & ideas for how we can work together with existing resources to achieve the following:

Goals from AC & CC Integrated plan

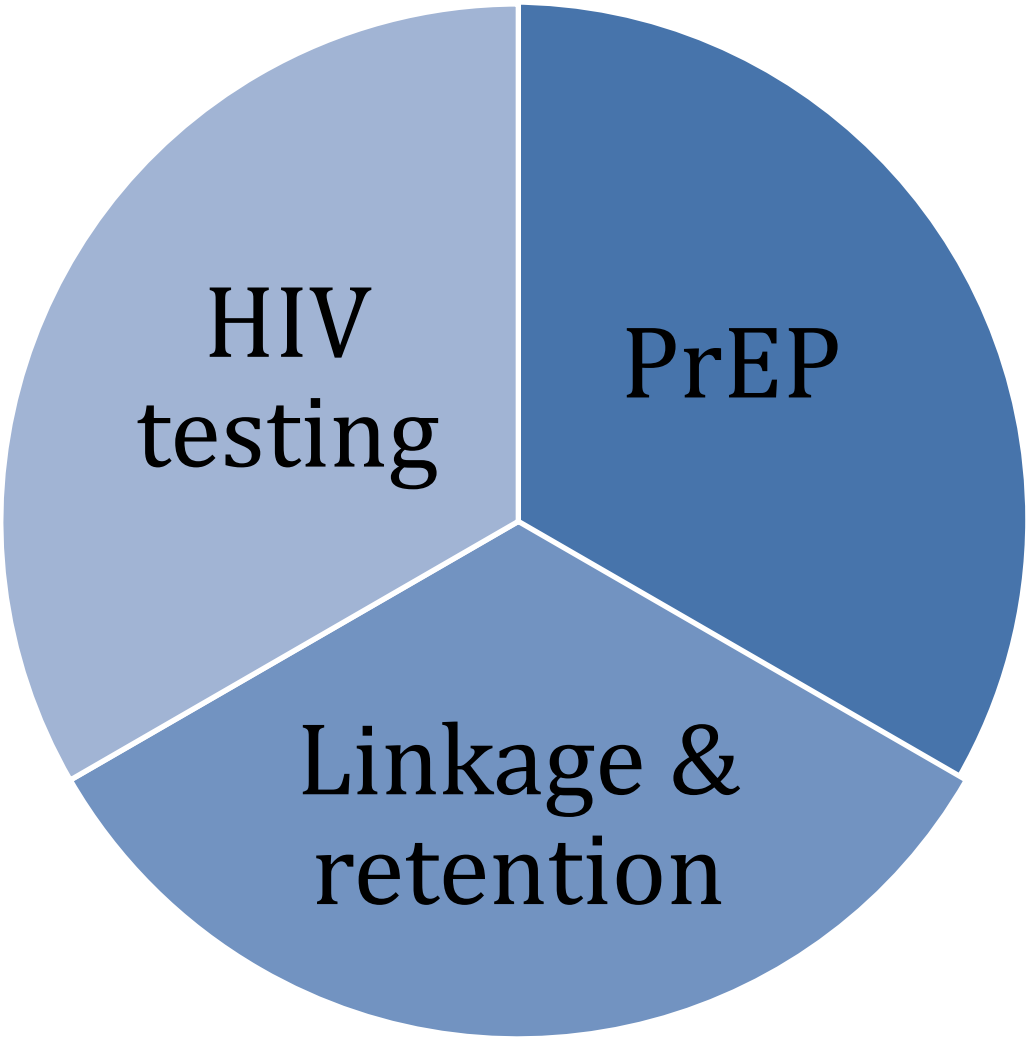
1. **Increase the # people on PrEP by ≥100%**
   [baseline unknown]
2. **Reduce the % of late testers among new HIV diagnoses by ≥50%** **[2014 for AC: 36%]**
3. **Increase the % of PLWHA linked to care within 30 days of dx to ≥90%** **[2014 AC for 90 days: 75%; CC: 83%]**
4. **Increase the % of PLWHA retained with 1 medical visit/year to ≥90%** **[2014 for AC: 76%; CC: 78%]**
5. **Increase the % of PLWHA who are virally suppressed to ≥80%**
   [2014 for AC: 64%; CC: 70%]

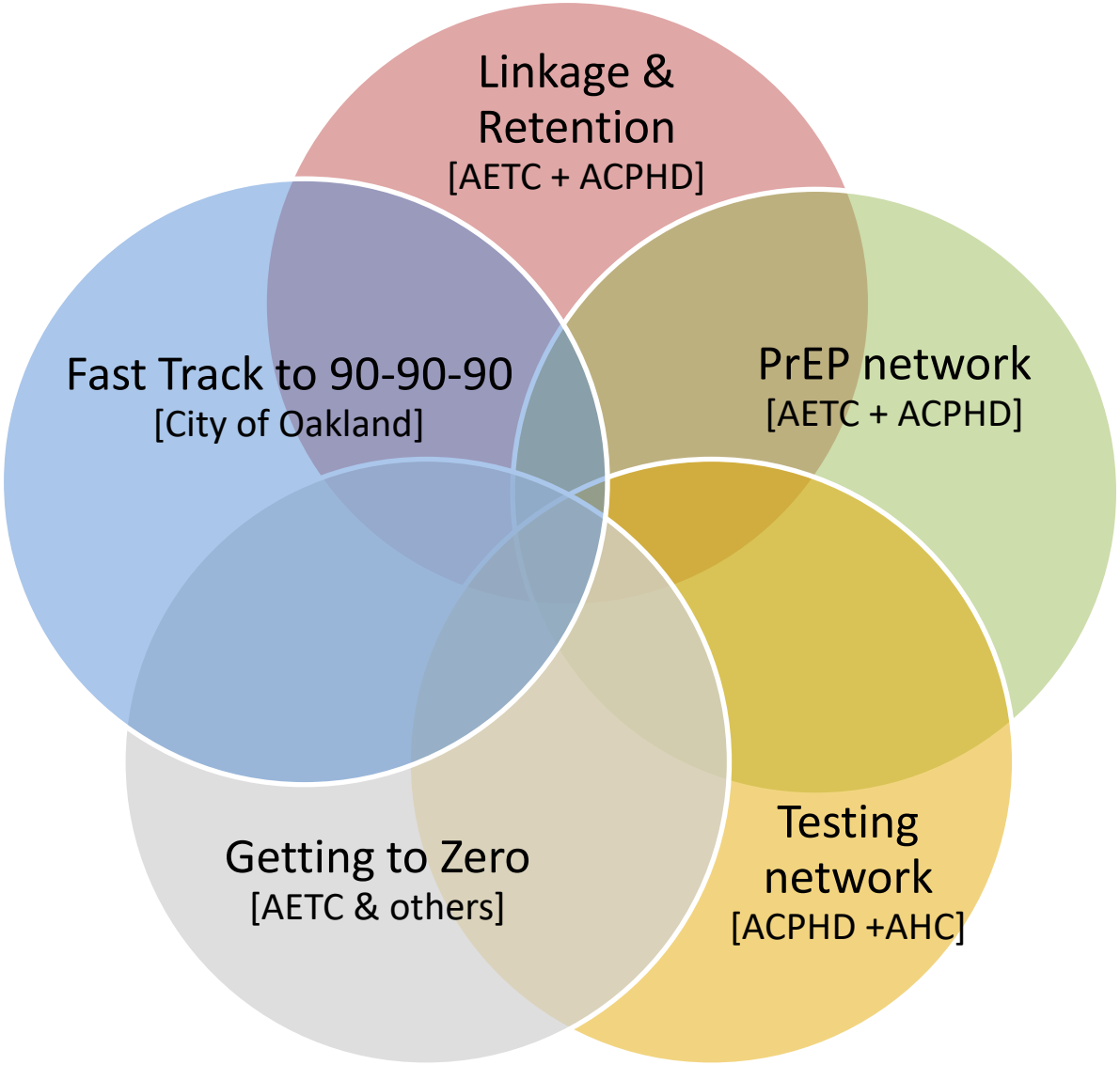
UNAIDS | 2011–2015 STRATEGY

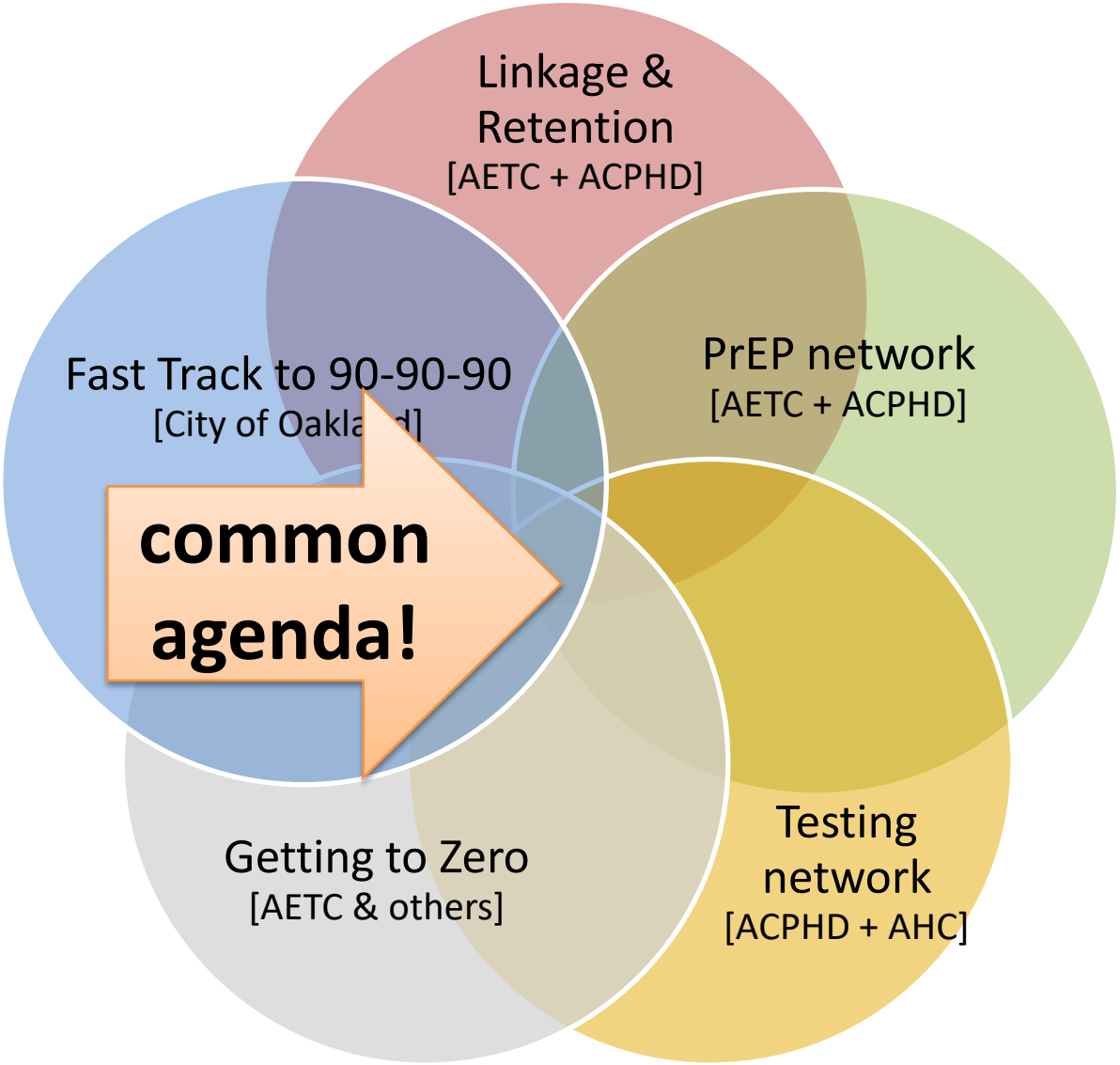
GETTING TO ZERO

ZERO new infections
ZERO AIDS-related deaths
ZERO disparities

East Bay has:




Linkage & Retention
[AETC + ACPHD]
Fast Track to 90-90-90
[City of Oakland]
PrEP network
[AETC + ACPHD]
Getting to Zero
[AETC & others]
Testing network
[ACPHD +AHC]


Linkage & Retention
[AETC + ACPHD]
Fast Track to 90-90-90
[City of Oakla d]
PrEP network
[AETC + ACPHD]
common agenda!
Getting to Zero
[AETC & others]
Testing network
[ACPHD + AHC]

For the East Bay we need to realistically figure out how to improve:

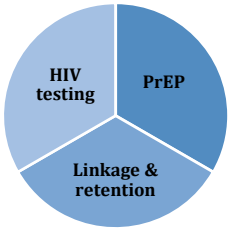
Prevention of HIV infection, Reduction in late diagnosis and Retention in care, especially for African Americans

Goals/Metrics

- **which one(s) most important**
- **which one(s) can we work on as a community**

As part of Fast Track Cities Initiative we have formed four workgroups to determine the community level targets: Prevention/PrEP; Testing/Late Diagnosis; Engagement/Re-engagement/Linkage; Retention/Viral Suppression

Getting to ZER



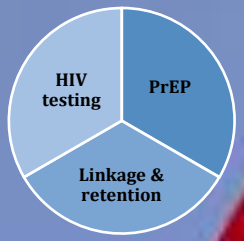
in the East Bay

Initiatives going on:

1. **PrEP scale-up**
2. **Rapid ART scale-up**
3. **HIV ACCESS Linkage and retention**
4. **Addressing disparities**

Getting to ZER

East Bay



EMORY UNIVERSITY

Center for AIDS Research

Building the Strategy to End AIDS in Fulton County

Jonathan Colasanti, MD, MSPH

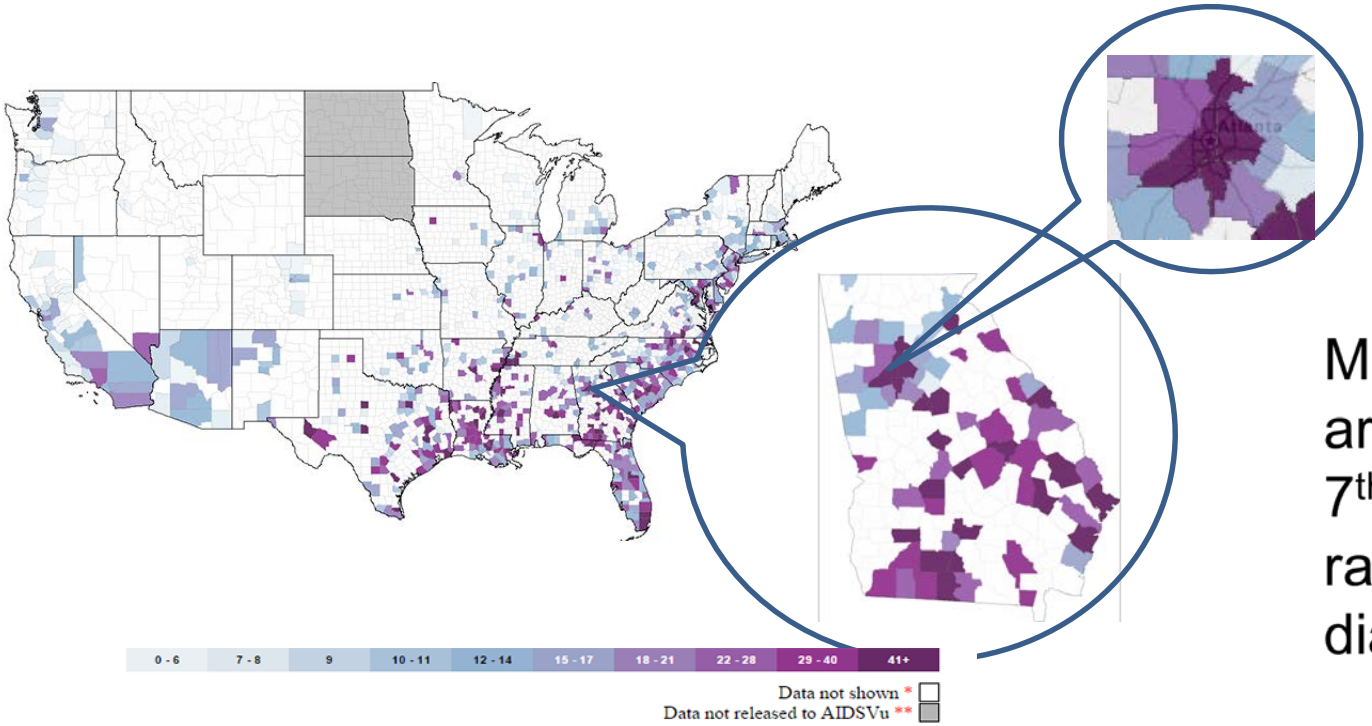
Assistant Professor of Medicine & Global Health, Emory University
Associate Medical Director, Infectious Disease Program, Grady Health System

Fulton County Task Force On HIV / AIDS

#EndAIDSFulton
@HIVTaskForce

OUR Time Is NOW

Fulton County's New HIV Diagnoses



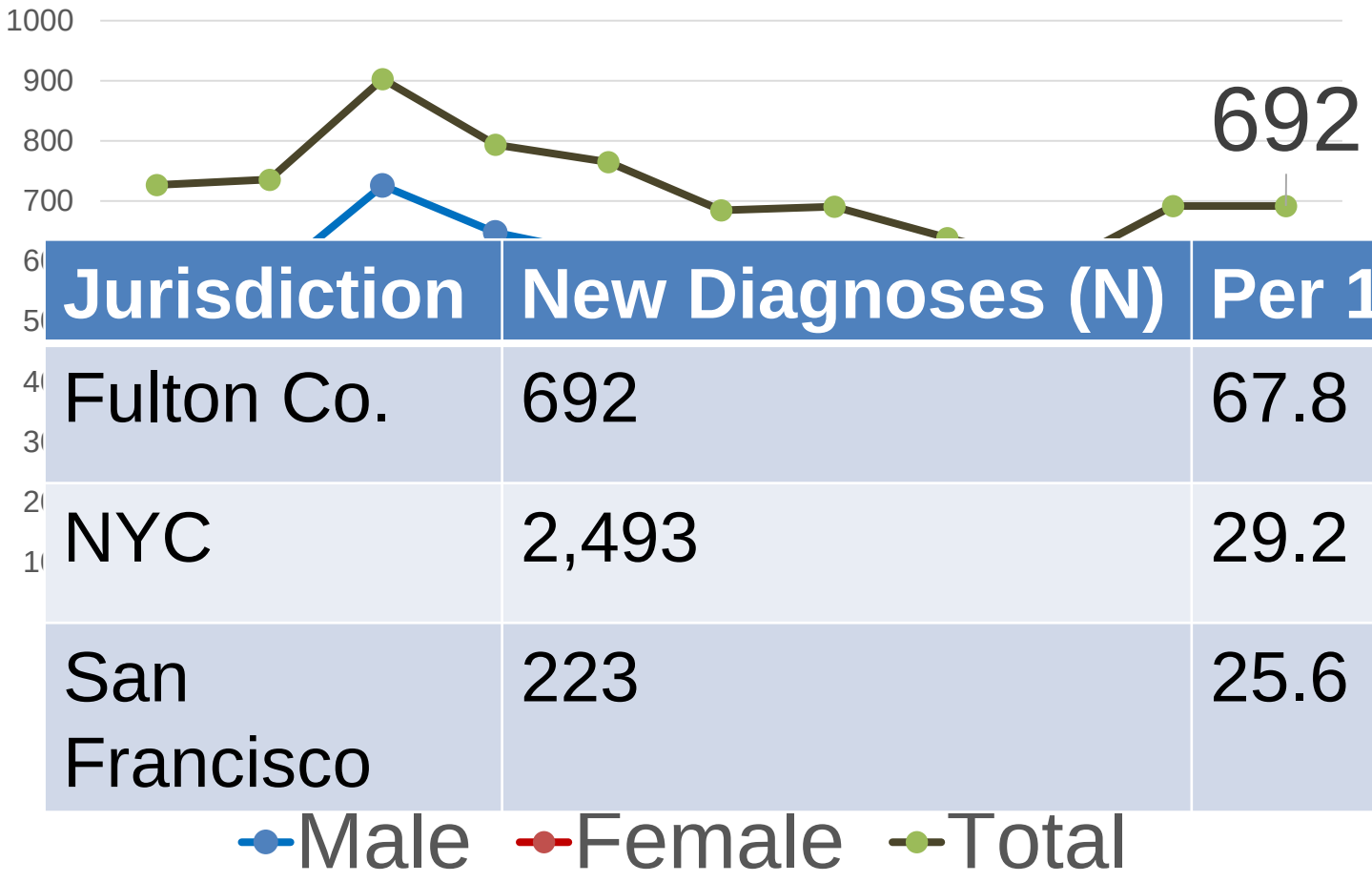
* Data are not shown to protect privacy. ** State health department requested not to release data.

Note. Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting. Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.

Metropolitan area with the 7th highest rate of new diagnoses

Rates of Persons Newly Diagnosed with HIV, by County, 2013

New HIV Diagnoses
Fulton County, 2005-2015



Jurisdiction	New Diagnoses (N)	Per 100,000
Fulton Co.	692	67.8
NYC	2,493	29.2
San Francisco	223	25.6

December 2016 data; inclusive of persons where initial diagnosis is Stage 3

Fulton County Task Force on HIV/AIDS

- **Created** December, 2014 by Fulton County Board of Commissioners
- **Mission: End AIDS in Fulton County**
  - Create and implement a *Strategy to End AIDS in Fulton Co.*
- **Leadership:** PLHIV and National HIV experts
- **Participation:**
  - 14 commissioner appointed members
  - 25 non-appointed contributors
  - Unlimited committee members
  - *Ex officio* members from Fulton County

Structure


Social Determinants
Intercultural Awareness
Prevention & Care
Executive Committee
Data
Policy

Methodology

- **Principles: Seek broad input; consensus; involve PLWHIV; evidenced-based**
- **Community Engagement**
  - Community listening sessions & stakeholder meetings across county
    - Geographic and population targeting
  - Topic-driven intensive Face-to-Face Meetings
  - Frequent committee conference calls
- Web-based survey
  - Recommendations and prioritization

Rollout

- **Phase I:** 64 Broad Objectives, 12/1/15
- **Phase II:** Action plan to achieve objectives, 6/27/16
- **Phase III:** Prioritization and transition to permanent advisory committee,

  July 31 2017

10 Key Priorities

- **Stigma Kills. Don't Tolerate It.**
- **Make Care and Services Client-Centered**
- **Make it Easy to Get into Care Fast and Stay in Care to Remain Healthy.**
- **Everyone Should Be Tested for HIV.**
- **HIV Is Preventable. So Prevent It.**
- **No More Babies Born with HIV.**
- **Education is HIV Prevention.**
- **Housing is HIV Prevention and Treatment.**
- **Mental Health & Substance Use Services are Care, Too.**
- **Create Policies that Promote Health.**

Stigma & Client Centered Services

- Ensure meaningful involvement of PLWHIV
- Increase accessibility of HIV medical services in areas of high prevalence
  - New part A RW applicants
  - RW part A RFP emphasizes expanded clinic hours

- Intercultural awareness subcommittee
- **POLICY:** Include intercultural competence plans in all Fulton County contracts

Testing

- 16.6% of PLWHIV in Ga are undiagnosed (~ 3000)
  - Objective: ↑ % of PLWHIV who know status to 90%
- 18% with CD4 < 200 at Dx (29% unknown)
  - Objective: ↓ % of persons w/ AIDS at Dx to < 10%
- Opt-out testing: implement and scale-up
  - **POLICY:** BOC to require opt-out testing in a contracts
  - Need:
    - Data systems for M&E / accountability in contracts

*2981 according to DPH HIV Epidemiology Unit

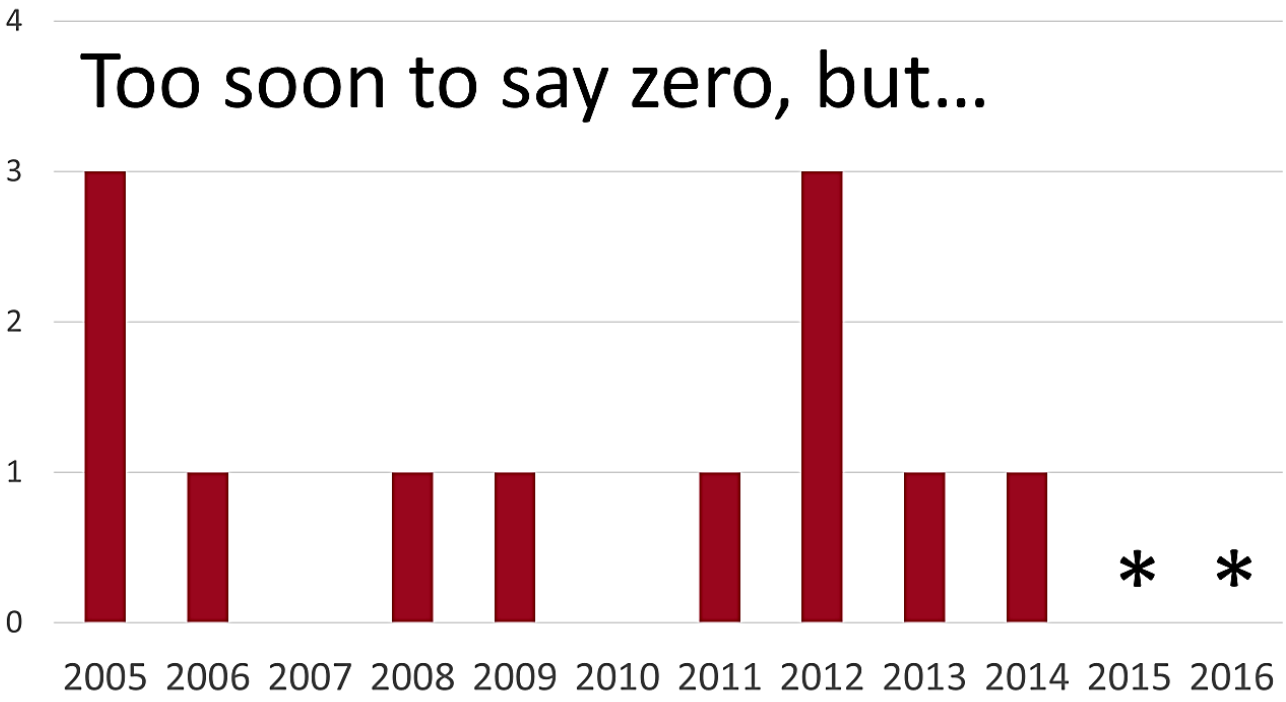
Prevention

- Objective: ↓ number of new HIV diagnoses by 25% (to about 525 by 2020)
  - Reduce disparities by at least 15%
- Actions
  - Access to treatment for PLWHIV (see care and treatment)
  - Ensure access to PrEP (and PEP) for those at high
  - Comprehensive care for pregnant women living with HIV
  - **POLICY:** Clarify legitimacy of SSP and expand

Early Successes in Prevention

Fulton BC
Absolute
AID Atlan
Empower Resource
Positive I
Someone

Perinatal Transmissions
Fulton County Residents, 2005-2016



***Data for 2015 and 2016 may be incomplete as of July 2017**

Care and Treatment: Key Objectives

Objective	2015	Challenge
↑ newly diagnosed LTC to 85% **3 days**	73%	- Lack central referral center - Lessons from RE pilots
↑ Retention to 90%*	49%	- Social Determinants - Complex Systems
↑Viral Suppression to 80%	48%	- ADAP lapses - Transportation

* As part of retention we also strive to re-engage those out of care within 3 days

Actions Along The Care Continuum

- Better data systems to allow evaluation of Rapid Entry
- Intensive linkage services for vulnerable populations
- **Retention and Reengagement Task Force**
- Allocate additional Ryan White Part A funding
  - Rapid Entry $$ in this year's RFP
- Make clinics more welcoming
  - Implement & evaluate **intercultural awareness** plans
- Create an ADAP/HICP Working Group

Rapid Entry Required System Level Changes

LEVEL OF THE HEALTH SYSTEM	ACTION
Ryan White Part A Recipient	Change of CD4 count criteria for entry into HIV care in the Atlanta AMA
Ryan White Part A Recipient & Hospital System	Grace period of 30 days to present full financial documentation for clinic enrollment
Hospital System & Clinic	Re-arranging templates and provider schedules to accommodate appointments scheduled w/in 72 hours
Pharmacy	Manual applications for Pharmaceutical Assistance Programs for ART
Clinic	Loosen PPD requirement for entry; rely on WHO active TB screen
Clinic	Education on safe ART initiation with limited clinical data
Clinic/Field	Peer counselors to assist patients with obtaining missing documentation for full enrollment in Ryan White

Rapid Entry in Fulton County Clinics

Clinic	Date Opened	Number Served
Fulton BOH*	4/2016	102 (newly diagnosed)
Fulton/HEALing Ctr, Neighborhood Union*	3/2017	10
AIDS Healthcare Foundation – Midtown*	12/2016	19 by 6/2017
AIDS Healthcare Foundation – Lithonia*	10/2016	49 by 6/2017
Grady IDP	5/2016	230 by 9/2016
Positive Impact Health Centers*	11/2016	121 by 5/2017

* Received supplementary Ryan White Part A funding for Rapid Entry

Cross Cutting: Social Determinants

- Housing Objective: <5% of PLWHIV will be unstably housed
  - Action: All 2017 housing contracts now have “Housing First” requirements, now working on enforcement plans
- Education
  - Evidenced based sexual health curriculum in Fulton Count and City of Atlanta Schools

Political Challenges

Fulton squanders millions in HIV grant

ATLANTA-NEWS By Jared Loggins - The Atlanta Journal-Constitution

0

Updated: 2:41 p.m. Sunday, August 09, 2015 | Po

Fulton County's health department now aligned with state's

Arielle Kass - The Atlanta Journal-Constitut
1:32 p.m Friday, May 12, 2017 Filed In Atla

Political Challenges

"Quarentine"

"What can we legally do"

"...well they are carriers, with the potential to spread whereas in the past they died more readily…not posing a risk

Acknowledgements

- “It takes a village…”
- All Task Force contributors, especially…
  - PLWHIV
  - Commissioners John Eaves and Joan Garner
  - Wendy Armstrong & Dazon Dixon Diallo
  - Daniel Driffin
  - Melanie Thompson
  - Jeff Graham, Emily Brown, Pascale Wortley, Cathy Woolard, Amistad St Arromand, Phaedra Mclaughlin
- Emory CFAR