

## REGIONAL PROGRAM IN EECA TO PILOT CITY SERVICE MODEL

A regional program in Eastern Europe and Central Asia (EECA) will pilot an innovative city service model to combat HIV and TB, with a special focus on key affected populations (KAPs).

The city service model was implemented in Western Europe, the U.S. and Canada as far back as 1986 to address public health issues. The model is based on the assumption that municipalities have an obligation to mobilize resources to deal with high-burden epidemics.

Since 1986, when the city of Bern created safe injection rooms for people who inject drugs, different initiatives have been launched worldwide to emphasize the leadership role of cities in combating public health and social issues. These initiatives include Zero TB Cities, Healthy Cities, City Health International, and Fast-Track Cities.

The <u>Fast-Track Cities Initiative</u> was launched on World AIDS Day in 2014 in Paris by UNAIDS and other organizations. The initiative is led by mayors and city governments from more than 50 high HIV burden cities around the world, closely engaged with affected communities, civil society, city health officials, clinical and service providers, and other stakeholders. The initiative supports the UNAIDS 90-90-90 targets. The city mayors signed the <u>Paris Declaration</u> to End the AIDS Epidemic, agreeing to put their cities on a fast track to ending the AIDS epidemic through a number of commitments, including implementing innovative service delivery programs to address public health issues in areas such as TB, sexual and reproductive health, maternal and child health, gender-based violence and non-communicable diseases.

The regional program – entitled "Fast-Track HIV/TB Responses Among Key Populations in the Cities of Eastern Europe and Central Asia" – is funded by the Global Fund with a \$3.9 million grant. The principal recipient is the Alliance for Public Health (Ukraine). Implementing partners are AFEW International, an

international NGO based in The Netherlands; Contact Netz/Licit, an international NGO based in Switzerland; and the Stop TB Partnership. The partners will work under technical guidance of the UNAIDS EECA office. The program started in 2017 and will continue for three years.

For the pilot project, the regional program selected five cities – Almaty (Kazakhstan), Beltsi (Moldova), Odesa (Ukraine), Sofia (Bulgaria) and Tbilisi (Georgia) – based on disease burden; the potential and commitment of municipalities to contribute local resources; and the feasibility of effective implementation of the pilot project. The cities of Bern and Amsterdam, who have already developed city models, will serve as partner cities for the pilot project, sharing experiences with their EECA colleagues.

(The city models implemented by Bern and Amsterdam have focused on needle exchange, opioid substitution therapy, social support, and work with police to create an enabling environment.)

The pilot project aims to reduce AIDS and TB mortality in the targeted cities and to increase the allocation of municipal funding to HIV/TB interventions serving KAPs.

While the model will be tailored to the local context of each of the five cities, the main stages of the model are the same or similar for all five cities: a situational assessment; operational research on the most problematic areas of the response; and development of the city improvement plans. Both the partners and the KAPs will be involved in the assessment phase, and in the implementation of improvement plans. Project activities include advocating for resource allocation for KAPs from the local municipalities; and a proactive knowledge exchange between participating cities. The project has a target of increasing municipal budgets for KAPs by 20%.

Although the project is just rolling out, it has already shown results. On 28 February 2016, the Mayor of Odessa signed the Paris Declaration to End the AIDS Epidemic in the city. By the end of 2017, all five cities will have signed the declaration, explained Tetiana Deshko, Director of International Programs at the Alliance for Public Health (Ukraine).

The city service models are seen as contributing to the sustainability of the national responses to HIV and TB in the EECA. The models, as well as all tools developed by the project, will be fully replicable and adaptable. Therefore, they can be easily modified by other cities and countries. Ms. Deshko said that this is something the project will promote.

"HIV is quite urbanized so if solutions are found in several big cities in a country, we are actually talking about national epidemic control," Ms Deshko said.

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