

Concept Note

Asian Cities and HIV

Intensifying HIV programming in urban settings in Asia.

Date: January 2014

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral treatment
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting
KP	Key Populations
KAP	Key Affected Population
MDG	Millennium Development Goals
MSM	Men who have Sex with Men
MOH	Ministry of Health
NSP	National HIV and AIDS Strategic Plan
PEPFAR	President's Emergency Fund for AIDS Relief
PWID	People who inject drugs
SI	Strategic Information
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

A note on terminology

City Government in this document refers to centralized municipal government bureaucracy and most often refers to HIV and sexual health departments within city governments, unless otherwise stated.

National Government refers to centralized national government bureaucracy and most often refers to Ministries of Health, unless otherwise stated.

City partners refers to organisations already responding to HIV including clinical and hospital services, community-based and civil society organisations and groups and the private sector.

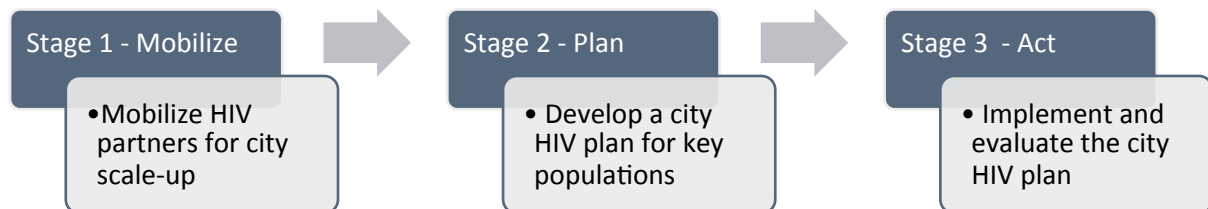
Cross-sector partnerships refers to organisational collaborations that can include collaboration across the private and public sector, or between government, community and private sector organisations. A cross-sector partnership may refer to a collaboration between a community service and a hospital or between a not-for-profit community service and a for-profit company, among others.

Abstract

The *Asian Cities and HIV* concept note outlines a method for scaling up high quality HIV programming for key populations in urban settings across Asia and the Pacific. Global estimates show that as many as 50 percent of people living with HIV reside in cities. In the Asia region, low national prevalence masks higher HIV prevalence and incidence rates in certain geographical areas, in particular in cities, and among key populations at higher risk for acquiring HIV and experiencing the negative impacts of living with HIV. This concept note progresses the regional debate on city partnerships in HIV by calling for an intensified focus on city governments and their municipal partners. The concept note emphasises increased attention to partnership between city and national governments, between city government and municipal partners across the public and private sectors and among regional and international networks and organisations. The note pinpoints improvements to structural, communication and coordination mechanisms in HIV at municipal governance level to support intensified scale up of HIV programming to key populations in urban settings.

The concept note outlines a three-stage system for intensifying city partnerships in HIV:

- Mobilize partners for scale-up of HIV services to key populations in cities;
- Plan and produce a strategy for HIV programming among key populations; and,
- Act to implement and evaluate a city HIV plan for and with key populations.



1. Intensifying city partnerships in HIV

“From a programme coverage perspective and from an effective investment perspective, increased focus on cities and metropolitan areas can make an important impact. Cities... have significant experience to share that highlight both success and challenges.”

- UNAIDS Deputy Executive Director, Jan Beagle (April, 2014)

Global estimates show that as many as 50 percent of people living with HIV reside in cities (UNDP 2010). The *HIV in Asia and the Pacific UNAIDS Report 2013* highlighted that while the overall national HIV prevalence of most countries in Asia remains low, there are significant variations in HIV epidemics between and within countries. The low national prevalence masks higher HIV prevalence and incidence rates in certain geographical areas and among key populations at higher risk which include people who inject drugs (PWID), female and male sex workers and their clients, men who have sex with men (MSM) and transgender people (UNAIDS, 2011). In the region, the fastest-growing epidemic is among MSM which, along with epidemics among other key populations, is typically concentrated in major cities.

Urbanization trends in Asia are unique to the region with more than half the world's mega-cities located in Asia. Asia's urban population has increased faster in the last decade than in any other region (UNESCAP, 2013). Asia is heading to have the world's largest number of hyper-cities - cities with populations exceeding twenty million (Rimmer and Dick, 2009). National policies having an impact upon urban settings emphasise economic growth over addressing the growing inequality in urban settings (UNESCAP, 2013). Urban policy literature emphasises improving cooperation and technical assistance between national and municipal governments. Increasing the financial resources and leadership capacity of municipal governments is important. Fortifying municipal government technical capacity, coordination and governance in its jurisdiction is a priority (Rimmer and Dick, 2009).

In relation to HIV, expertise, resources and power reside at the national level within Ministries for Health. Regional and international partners have prioritized national governments and national policy instruments to achieve the Millennium Development Goals by 2015. City governments have received less attention. A key goal of city-level initiatives in HIV is to refocus attention on cities and to strengthen city partnerships in HIV to make HIV programming resources and expertise available at municipal level (Berry, 2013).

City governments are well placed to design and implement more inclusive and tailored responses for key populations because they are perceived as 'closer' to primary and tertiary service settings. Because their jurisdiction is limited to the municipal setting the logic behind this thinking is that, given the appropriate level of resources and expertise, city governments can intensify service quality and accelerate scale-up. City governments are well positioned to target their response to HIV towards those most at risk of acquiring HIV or most at risk of experiencing the negative impacts of living with HIV.

2. Overview of three-stage city partnership model

“We need to expand comprehensive HIV prevention and treatment in cities to reach the maximum amount of people. We also need to replicate quality and proven city programmes from one city to another to help faster and better scale up.”

- *Director of the National AIDS Commission of Indonesia, Kamal Siregar (April, 2014)*

The *Asian Cities and HIV* concept note outlines a process to scale-up high quality HIV programming for key populations in urban settings across Asia. Many donors are making this a priority. For example UNAIDS, the United Nations Development Programme (UNDP), the Association of South East Asian Nations (ASEAN), the Asia Development Bank (ADB) and the United Nations Populations Fund (UNFPA) Secretariat and Co-sponsors. The goal is to support HIV responses in urban centres with high HIV prevalence and high levels of HIV exposure among MSM, sex workers and transgender populations (UNDP 2010). Such city-wide AIDS programming is already being implemented in many urban centres in the region. Some are receiving external support (from ADB, GF-UNDP), others are supported from national treasuries or local government funds (cities and municipalities).

Literature on strengthening city partnerships for HIV to date has focused upon programmatic, policy and project enhancements required to increase HIV service supply and demand for key populations. That literature has emphasised quality improvement by identifying and promoting ‘promising practices’ in HIV. This concept note progresses the regional debate on city partnerships in HIV by detailing how improvements to city structural, communication and coordination mechanisms can be accelerated. The concept note identifies a system for the identification of ‘promising practices’, gaps in HIV programming and identifying untapped resources in urban settings.

The primary audience for this concept note is national and municipal governments in the Asia Pacific region. The secondary audience is regional and international agencies and donors. Scale-up means “the expansion, replication, adaptation and sustaining of successful policies and programs” (Chandy and Linn, 2011) and includes “the expansion of new techniques, prototype product, or process innovation; ‘growing’ an organisation to a new level; and translating a small-scale initiative into a government policy” (Cooley and Kohl, 2006). HIV city initiatives to date have embraced all of these goals for scale up. However, structural, legal, policy and programmatic barriers remain that inhibit scale on HIV.

The three-stage model for intensifying city partnerships in HIV aims to address each of these challenges and includes stages that:

- Mobilize HIV partners for scale-up of HIV services to key populations in cities;
- Plan for the scale-up of HIV services to key populations; and,
- Act to implement and evaluate a city HIV plan for and with key populations.

The diagram below provides a visual description of the three stages to intensifying city partnerships in HIV.

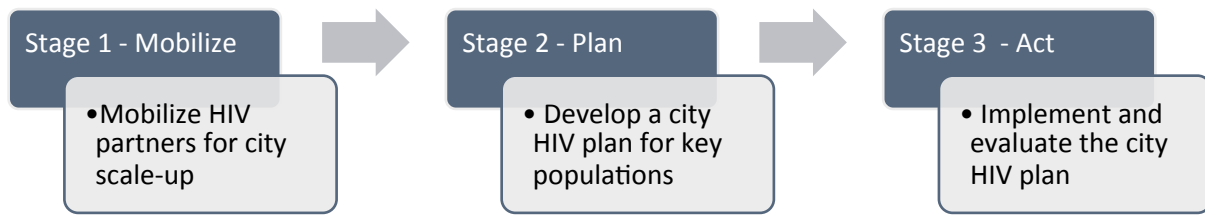


Figure 1 - Three-stages to intensifying city HIV partnerships in HIV

The products and steps in the three-stage model are as follows:

1. **City-level Inquiry Report** –the city inquires in to promising practices, programming gaps and untapped resources for HIV programming and produces an inquiry report.
2. **City HIV Plan for Key Populations** – the city-level inquiry provides the knowledge to develop a city HIV plan for key populations.
3. **Implementation and Cooperation** – implementation of the city HIV plan engages multiple partners across sectors in an exchange of practices, resources and capacities.
4. **Review, improve, scale up** – the city HIV plan for key populations engages in continuous evaluation for quality improvement and mobilizing for scale-up. The diagram below visually describes the products and processes in the three-stage model.

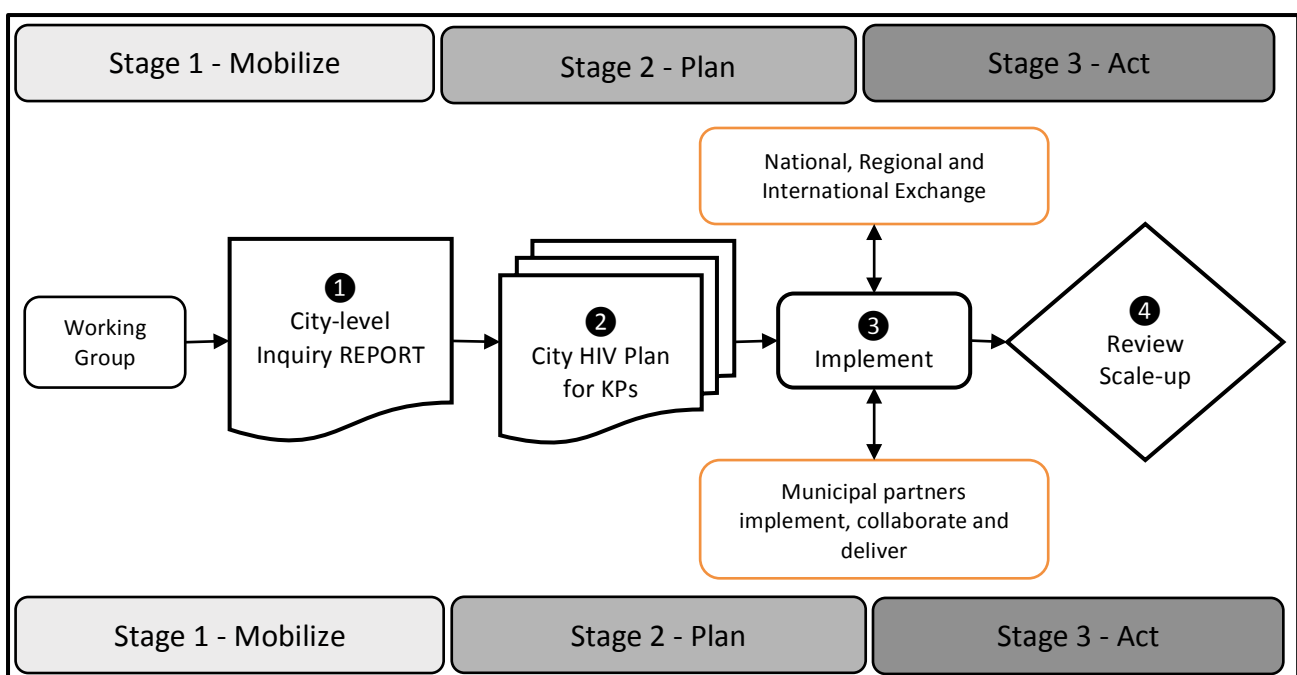


Figure 2 - Products and processes for city HIV partnerships

3. Principles for engagement and management of city HIV responses

Six overarching principles of engagement and management are recommended for municipal HIV responses that aim to intensify city partnerships. Involving groups and organisations led by and working with key populations is an important principle. Working closely with national government and harmonizing city responses with the national HIV strategy will ensure effective coordination. Comprehensive HIV programming ensures fewer gaps in HIV services to key populations for HIV and involving uniformed personnel and legal services in intensifying city partnerships is essential. A municipal HIV financing plan should involve national and municipal financing departments and private sector groups already investing in or willing to invest in HIV.

Involve groups and organisations led by and working with key populations for HIV in the municipal response to HIV will ensure both demand for HIV services. Building trust with key populations for HIV can help to ensure the success of municipal strategies aimed to intensify city partnerships for HIV. The early involvement of these groups and organisations in planning and working group meetings will increase the likelihood of success.

Harmonise with national government HIV response to will ensure a coordinated response to HIV. This strategy will help to ensure partnership between city and national departments in the response to HIV.

Comprehensive HIV programming will ensure fewer gaps in HIV services to key populations for HIV in municipal settings. Four pillars of comprehensive programming include HIV prevention, HIV treatment, care and support, enabling the environment for health seeking and strategic information.

Involving uniformed personnel including municipal police, prisons as well as the legal services which represent key populations for HIV will help to ensure an environment that facilitates easier access to HIV services.

Involving finance departments of both municipal and national governments are essential to securing government funding and other resources. The development of a municipal HIV financing plan will help to identify streams of funding for intensifying city HIV partnerships.

Private sector involvement and investment will be an essential element in a successful city HIV investment plan. Mobilising both in-kind support, matched-funding initiatives and direct corporate financial investment in municipal HIV responses can assist with independent city investment in to HIV services.

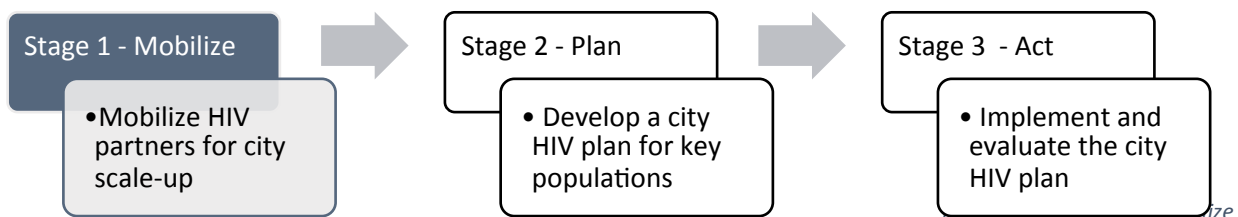
3. Stage One – Mobilize partners for scale-up of HIV services in cities

The first stage of the three-stage model involves building upon the role of city government as a leader and coordinator of HIV programming.

The first stage priorities:

- **National government leadership and participation** in city-level activity so that municipal planning is harmonised with national HIV policy and planning.
- **Municipal partnerships across multiple sectors** with an emphasis on the involvement of organisations led by key populations for HIV.
- **Inquiring in to potentials for scale-up of HIV programming** to identify promising practices, gaps in HIV programming and potentially untapped resources.

This stage connects city government to national government and to city service partners in new and innovative partnerships to emphasize ongoing communication for the scale-up of quality HIV services to key populations in the urban setting.



Core task: Establish a city working group to strengthen partnership for HIV services to key populations and to participate in an inquiry in to current activities, gaps and potential new sourcing of resources and financing.

3.1 Mobilize national government leadership

This step involves an ongoing process to increase the level of technical and resource partnership between national government and city government for HIV programming to key populations in the urban setting. A key goal is to increase the capacity for national government to support city government action on HIV. This will involve:

- Leadership from Ministries of Health, technical and other support to city government.
- Urban projects and innovation on key populations listed as a priority in HIV national strategies.
- City government advice to national government on the development of laws and policies related to HIV and key populations in urban settings.

- Research on HIV and key populations in the urban setting (e.g. impacts of legislation and enforcement on key populations; social, sexual and behavioural research).

3.2 Municipal governance and management structure

This step involves determining who will lead the acceleration of city partnerships and the mechanisms for coordinating activities and generating resources for the initiative. A key goal is to ensure transparency in leadership and a clear investment plan. This will involve:

- Determining agencies and positions to act as focal points for accelerating city partnerships: some cities have local AIDS Councils who can play this role while others may wish to identify a health officer within the local health department as the focal point.
- Develop a municipal HIV investment plan: determine the financial resources that will be sought or provided by city government, by national government and from alternative sources including the private sector.
- Determine the monitoring and evaluation process: ensure a plan for evaluating and continuous quality improvement throughout the process (see 5.4 below for more).

3.3 Mobilize municipal partners across multiple sectors

This step involves the engagement of key populations for HIV. Meaningful involvement of key populations for HIV is critical to a successful HIV response. Municipal governments should meet with and establish cooperative partnerships with key population-led organisations, networks and groups in the municipal jurisdiction, focused on collaborating to get to scale for HIV services. Facilitating a dialogue between key population-led groups and the range of public and private sector organisations in the city can be achieved through forums and meetings. City governments may modify current meetings/forums to accommodate intensifying city-level HIV services to key populations. Alternatively, city governments may establish a new working group to intensify city-level HIV services. Through these forums city and national government can coordinate participation, knowledge and skills transfer between local service partners across sectors. These forums help to facilitate active involvement of partners in the city inquiry on HIV services for key populations.

3.4 Undertake a city-level inquiry in to potential for scale-up of HIV services

This step involves undertaking a city-level inquiry to assist to identify:

- Promising practices that can be scaled up.
- Gaps in HIV programming.
- Untapped financial and other resources that could be deployed in city responses to HIV.

A range of documents are available for the development of a methodology for city-level inquiry. The United Nations Development Programme (UNDP) has developed a *Guidance Note on Implementing an Inquiry into Municipal-level scale-up of Programs and Services to Key Populations for HIV*. The Guidance Note emphasises the need for a transformative approach to inquiry – one that changes and transforms city HIV services and systems as it inquires in to them. As well as this, the UNDP Asia Pacific Regional Centre led a multi-city inquiry in to scale up of HIV programming for MSM and transgender people in Asia in 2010. UNDP developed a methodological guide to implementing an inquiry that is available online. The Association of South East Asian Nations (ASEAN) undertook city-level inquiries in multiple cities in its jurisdiction in 2011.

3.5 Anticipated Outcomes from Stage One

At the finalization of stage one the city government will have produced the following minimum results:

- ✓ Established a working group to scale-up city-level initiatives and intensify partnerships or have transformed an existing group to include the city-level initiative.
- ✓ Completed an inquiry in to promising practice, gaps and resources.
- ✓ Published and disseminated an inquiry report on intensifying city partnerships.

4. Stage Two – Plan to scale up HIV services for key populations

Stage Two involves working with municipal and other partners to produce a plan to intensify scale-up of HIV programming for key populations.

The second stage priorities:

- **Key partners consultations** –feedback from partners and agreement to act.
- **Publication and dissemination a city HIV plan for key populations** –a blueprint for municipal HIV programming.

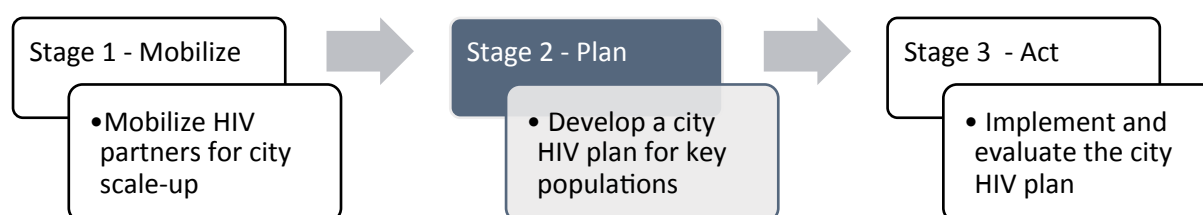


Figure 4 - Stage Two - Plan

Core task: publish and disseminate a plan for intensifying HIV programming for key populations in the municipal setting.

4.1 Plan to scale up ‘promising’ practices

The city HIV plan will identify promising practices and effective, cross-sector collaborations in HIV. It will determine how to scale-up those practices and partnerships should occur. A *promising practice* is an activity, no matter how small or informal, that is or has the potential to deliver high quality services at scale. Four questions are posed here to assist cities in their municipal planning:

- **What should be scaled-up?** City-level HIV plans should identify promising practices that could be scaled-up efficiently and effectively.
- **How should scale-up be accomplished?** City-level HIV plans should identify strategies to scale-up promising practices and financial and technical resources required to do so.
- **Where should scale up occur?** City-level plans should identify the partnerships between sectors and organisations that can support scale-up and sites of significance for service.
- **When can scale-up be achieved?** A city-level HIV plan provides the information needed to determine when to innovative and experiment with scaling-up HIV services to key populations in the urban setting.

4.2 Plan to resolve gaps in HIV programming

Gap analysis represents one approach to city inquiry undertaken in Step One. Through gap analysis cities will have mapped 'usage gaps' which involves identifying deficits in demand. Gap analysis will also have mapped service gaps which identify policies, practices and service design that results in poor quality services and inhibits demand for services. *The Comprehensive Packages of HIV Services for Key Populations* presents four thematic pillars considered essential to holistic HIV programming. The Comprehensive Packages is a blueprint by which city-level inquiries can resolve gaps in HIV programming in their HIV plans. The four pillars of a comprehensive package include HIV prevention; HIV treatment, care and support; Enabling the environment for improved demand and supply and increasing the strategic information available to design HIV programs. See also [Useful Resources](#) in this document.

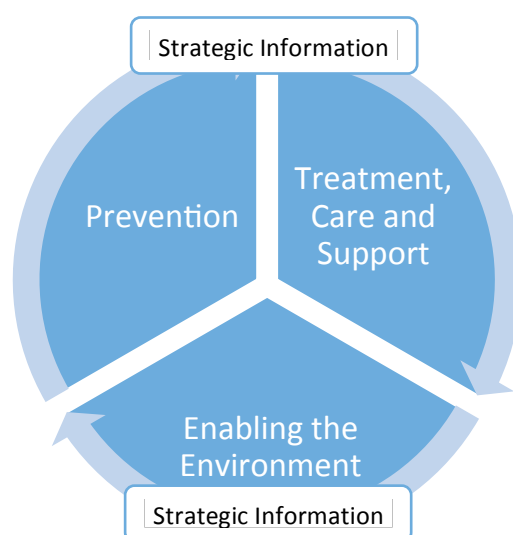


Figure 5 Pillars of a Comprehensive Package of Services for Key Populations

4.3 Plan to access untapped financial and other resources

The city HIV plan should identify domestic resources that are potentially available to intensify city responses to HIV. This should include a plan for

- Integrating city-level HIV strategies more directly in to national HIV strategies.
- Identifying non-cash mechanisms: price reductions for HIV medicines, in-kind support, and advertising/editorial space in print and online media and commodity donations.
- Identifying co-investment strategies between government and other sectors including cost-sharing and public-private partnerships for HIV service delivery.

4.4 Anticipated Outcomes from Stage Two

At the finalization of stage two the city government will have produced a city HIV plan with agreed national government leadership and participation among organisations and across multiple sectors.

5 Stage Three – Act to implement a city HIV plan

The third and final stage involves the implementation of a city HIV plan for and with key populations and other partners.

Stage Three prioritises:

- **Act to rectify gaps in HIV programming** – act to rectify HIV programming gaps.
- **Engage organizational and cross-sector practice exchange** – act to scale up ‘promising’ practices and collaborations in HIV services by facilitating practice exchange.
- **Utilize untapped financial and other resources** - Increasing funding sources, domestic collaboration and innovative financing for scale-up.

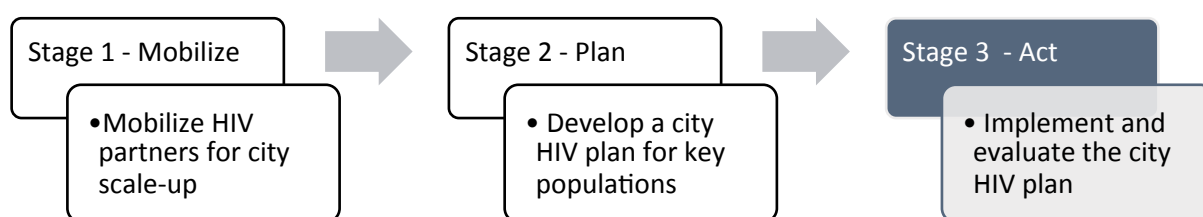


Figure 6 - Stage Three - Act

Core task: implement and evaluate a city HIV plan to scale up services to key populations, including the exchange of service activity and innovative service collaborations.

5.1 Act to resolve gaps in HIV programming for key populations

The city-level report identified gaps in HIV programming for key populations across the Comprehensive Package of Services for Key Populations. The city HIV plan used the Comprehensive Package to identify solutions to both service usage and to product or service design and delivery. With national government support, the city HIV plan will identify strategies to resolve those gaps in HIV programming and key processes should include:

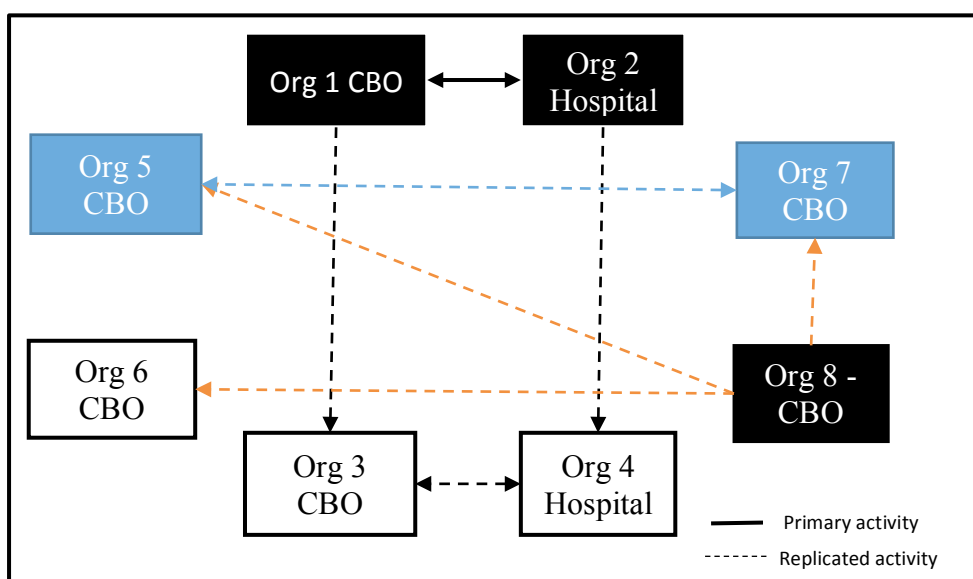
- **Develop the means to resolve HIV programming gaps** – design solutions to service gaps that include the redesign of products and services in HIV programming to improve their quality and reach. This step will include the development of new products and services for HIV programming and the involvement of multiple sectors.
- **Develop plans for improving the design and delivery of services and products** – this is covered in practice exchange above. Improving service design and service policies should focus upon aligning services with the needs of populations for HIV.
- **Increase the sectors participating in HIV programming** – design solutions to lack of participation in all aspects of the Comprehensive Package of Services that increasingly involves multiple sectors in HIV programming.

5.2 Act to facilitate practice exchange and scale up 'promising' practice

The city HIV plan will have utilized the inquiry report to identify organisations engaged in promising practices or in collaborative, cross-sector partnerships that show potential for scale-up. The plan will also have identified where gaps exist and where one organisation may be responding to the gap effectively. The plan will prioritize exchange of practice across the city to rectify gaps and to build on the quality of HIV services design and delivery.

Three kinds of exchange are highlighted:

- **Exchange of service activities that demonstrate potential for scale-up** - in most cases, a promising practice demonstrates benefits for both service supply and demand among key populations for HIV. The city HIV plan will prioritize exchange and replication of these practices. In Figure 8, organisation '8' is a community-based group that has been identified as engaging in a promising practice for scale up and will transfer activity from '8' to other community based organisations '7', '5' and '6'.
- **Replicate cooperative, cross-sector service partnerships for scale-up** - the city HIV plan will prioritize exchange and replication of partnerships that demonstrate potential to increase demand and supply for HIV services. In Figure 8, organisations '1' is a community-based group and '2' is a hospital. They have been identified as engaged in a cooperative, cross-sector partnership. Figure 8 visually represents the replication of this partnership to organisations '3' and '4'. Organisation 1 and 3 are both CBOs and so they work together to establish the cross-sector partnership. Organisations 2 and 4 are both hospitals and so they work together to establish the cross-sector partnership.
- **Practice exchange between organisations and sectors** - the city HIV plan will identify organisations and sectors recommended for practice exchange in order to support quality improvement and scale. In Figure 8 organisations '5' and '7' are visually depicted exchanging practice experience to facilitate quality improvement and scale-up.



5.3 Act to deploy untapped resources and increase collaboration

This objective involves increasingly utilising untapped domestic resources as well as the levels of support and technical assistance provided by bilateral, multilateral and other donor organisations for HIV programs in the urban setting. An increase in the involvement of global and regional key population networks in policy, advocacy and technical advice to city governments, facilitated by national government, is emphasised.

This will include city governments:

- City government committing its own funding to contribute to city HIV plans.
- Directly engage in innovative financing partnerships and in-kind partnerships with domestic organisations and sectors.
- Applying to Country Coordinating Mechanisms for sub-recipient status on GFATM grants and projects through the local government or Ministry of the Interior chair on CCM committees.
- With the national government, applying for funding to support city projects through bilateral donors and other donor organisations.
- With the national government, engaging in direct liaison to build partnerships with global and regional networks representing key populations for HIV.
- With the national government, partnering with international non-government organisations to provide services and programs to key populations in the urban setting where these INGOS are involved in municipal service delivery.

5.4 Anticipated Outcomes from Stage Three

At the finalization of stage three the city government will have produced a written evaluation of the city HIV plan that identifies successes and challenges as well as identifying services, sectors and key populations that continue to need improved and intensified activity to reduce HIV transmission and the negative impacts of living with HIV among key populations.

A key goal is to ensure continuous quality improvement throughout the initiative to intensify city partnerships in HIV. This will involve:

- Developing a data collection system for key elements of the initiative.
- Producing cyclical reports on activity that allow for comparative analysis within and across organisations, districts and sectors.
- Engaging in Experience Sharing Meetings with providers and stakeholders to problem share and problem solve as well to share and replicate successes.

- Supported monitoring visits in which experts attend consistently to the same organisations/sectors to evaluate and improve practice.

6 Conclusion

“In our ASEAN ‘Cities getting to Zero’ initiative, the enrolled cities have been very active and enthuasaistic. Learning about similarities and differences between the cities on HIV issues is very important. We are documenting the experiences and this will be released later this year.”

- ASEAN Secretary General, Le Luong Minh (April, 2014)

Global estimates show that as many as 50 percent of people living with HIV reside in cities (UNDP 2010). Low national prevalence masks higher HIV prevalence and incidence rates in certain geographical areas and among key populations at higher risk which include people who inject drugs (PWID), female and male sex workers and their clients, men who have sex with men (MSM) and transgender people. In the region, the fastest-growing epidemic is among MSM which, along with epidemics among other key populations, is typically concentrated in major cities. For example, the national HIV prevalence among MSM in Thailand is estimated to be 7.1%, yet in Bangkok, the level is estimated to be 24.7%. In the Philippines, the prevalence among PWID is about 13.6% but in Cebu it stands at 53.8%. And in Viet Nam the national prevalence among FSW is 2.7%, and yet in Hanoi it’s about 22.5%.

Literature on intensifying city partnerships for HIV to date has focused upon programmatic, policy and practice-level improvements required to increase HIV service supply and demand for key populations. That literature has emphasised the quality improvement required in HIV programming by identifying and promoting best practice or ‘promising practices’ in HIV. This *Asian Cities and HIV concept note* progresses the regional debate on city partnerships in HIV by calling for an intensified focus on city governments and their municipal partners as well as by pinpointing improvements to structural, relational and coordination mechanisms in HIV at municipal governance level.

The three-stage system for intensifying city partnerships in HIV includes stages that:

- Mobilize city partners for scale-up of HIV services to key population;
- Inquire in to city-level potential for HIV service scale-up; and,
- Act to develop and implement a city HIV plan for and with key populations.

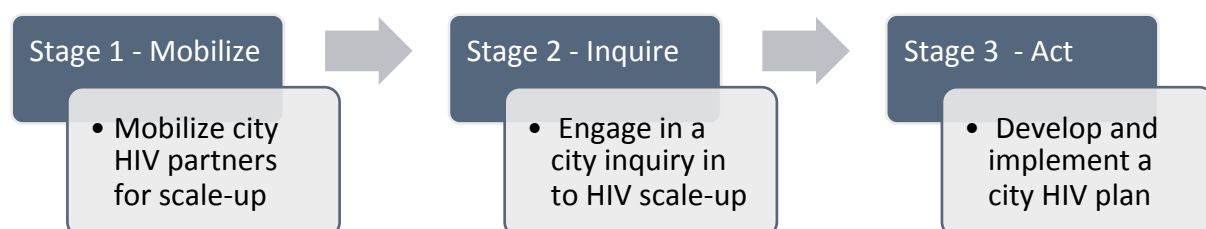


Figure 7 – Three stages to intensifying city partnerships in HIV

Useful resources for mobilizing city partnerships

A list of helpful resources on HIV programming for key populations, urbanisation trends and methods for city inquiry are provided here.

Guidance on HIV programming for and with key populations for HIV

Consolidated Guidelines on HIV prevention, diagnosis, treatment and care of key populations – World Health Organisation, July 2014. Go to:

http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1

Technical Guidance for people who inject drugs. Go to:

http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf

Developing a Comprehensive Package of Services to Reduce HIV among MSM and Transgender Populations in Asia and the Pacific – Regional Consensus Meeting Report. Go to:

http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/developing-a-comprehensive-package-of-services-to-reduce-hiv-amo/

Implementing comprehensive HIV/STI programmes with sex workers: practice approaches from collaborative interventions. Go to:

http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/

Cities and urbanisation trends

Urbanization trends in Asia and the Pacific is a factsheet produced by UNESCAP that provides an overview of urban trends in the region. Go to:

<http://www.unescapsdd.org/files/documents/SPPS-Factsheet-urbanization-v5.pdf>.

City Inquiries on Key Populations

UNDP Guidance Note on Implement an Inquiry into Municipal-level scale-up of Programs and Services to Key Populations for HIV is a method for city inquiry. Please contact UNDP in your city for more information.

UNDP Methodological Guide to Implementation of City Inquiries for MSM and Transgender People provides the resources to undertake a city inquiry. Go to: http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids or contact UNDP in your city for more information.

Toward Universal Access – Examples of Municipal HIV Programming for Men who have Sex with Men and Transgender People in Six Asian Cities is a report on a city inquiry conducted in six Asian cities in 2010. Go to: http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids or contact UNDP in your city for more information.

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