



Population Size Estimates → CASE STUDY ←

San Francisco's efforts "getting to zero"

The Setting

In San Francisco the government, the private sector, service providers and community are working together in their vision to be the first city in the United States to "get to zero", eliminating HIV transmission and related deaths. Efforts have been very successful in decreasing new cases of HIV, but nonetheless three priority populations remain at risk for HIV infection: men who have sex with men (MSM), people who inject drugs (PWID) and transfemales.

Purpose

Previously, the strategy in San Francisco was based on everyone being at risk of acquiring HIV and to offer prevention services to everyone. People working on prevention efforts in San Francisco acknowledged that in order to reach their goal of no new HIV infections, and in the absence of endless funds, decisions would need to be made as to how to most effectively spend money, making sure the best services are available for those who need them most. Since research was showing MSM, PWID and transfemales as priority populations, the Department of Public Health sought to determine how many people there were in each of these groups who were at risk of acquiring HIV and then which services they had been accessing.

Approach

This project began with population size estimates of each of these three groups in San Francisco. They then asked people which services they had accessed, this was possible through the National HIV Behavioural Surveillance Project. Testing has been identified as a key priority in San Francisco, so a similar process was used to estimate how many people in each of these groups were being tested for HIV.

Results

Results showed that in MSM and PWID were accessing free condoms and needles in high numbers, but that individual and group counselling interventions were not being utilized to the same extent.

In contrast, for transfemales the population was small enough so that interventions such as individual and group counselling were reaching a high proportion of people.

Estimates around testing showed that in the previous six months there was a deficit of around 34,000 tests. They wanted to scale up testing and since additional funds were not available, they needed to reallocate funds.

Outcomes

Since the number of people using individual and group counselling for MSM and PWID was low, funds from these interventions were reallocated to scale up testing.

Counselling interventions were maintained for transfemales.

This case study is an example of how population size estimates helped design the most effective use of funds for prevention services in San Francisco.