

CITIES UNITE TO FAST-TRACK TO END THE AIDS EPIDEMIC

Event summary: taking action
World AIDS Day 2014



Contents

| | |
|---|----|
| The Fast-Track Cities initiative | 2 |
| Why cities, why now | 2 |
| Cities convene and commit: Seven key messages | 3 |
| Laying the foundation in Melbourne | 6 |
| Moving forward | 12 |

THE FAST-TRACK CITIES INITIATIVE

Ending the AIDS epidemic by 2030 is feasible if the world's major cities act immediately and decisively to Fast-Track their AIDS responses by 2020. Success will rely upon cities frontloading investments and stepping up the pace of delivering HIV services, especially the roll-out of antiretroviral therapy.

That is why, on World AIDS Day 2014, mayors and other city leaders from around the world joined with representatives of civil society and international organizations to launch the Paris Declaration on Fast-Track Cities, pledging to achieve the 90-90-90 targets by 2020. These Fast-Track targets further call for reducing new adult HIV infections to fewer than 500 000 people worldwide and eliminating HIV-related stigma and discrimination.

90% of people living with HIV knowing their HIV status.

90% of people who know their HIV-positive status on treatment.

90% of people on treatment with suppressed viral loads.

WHY CITIES, WHY NOW

Cities are vibrant hubs of economic growth, learning and innovation, creativity and community dynamism, which make them ideal platforms for developing better, fairer societies.

Cities are recognized as important actors on global issues – reflecting the rapid pace of urbanization, the economic power of cities, a new sense of civic pride and the pressure to act locally in the face of the limits of national and global governance. As the bridge between global action and everyday life, cities will define the future of health.

“Our duty is, above all, a human one. As elected representatives, our choice is to demonstrate solidarity. In Paris, we are determined to take responsibility and to live up to our commitments.”

Anne Hidalgo, Mayor of Paris, France

In all regions of the world, cities and urban areas bear a large share of the global HIV burden. As urban populations continue to rapidly grow, cities may also contend with growing HIV epidemics if urgent and effective action is not taken. Cities are also home to deep, and in some places growing, inequity, which stands in the way of development.

In places with large AIDS epidemics, the numbers of people living with HIV in urban areas are so high that effective city-level action is likely to influence national outcomes. Even where the epidemic is smaller, cities are home to large numbers of people belonging to key populations at higher risk of HIV infection but which often receive limited attention in HIV programmes. Ending the epidemic requires ensuring that resources, services and support for preventing and treating HIV reach the populations and places most in need. Cities offer unique opportunities for doing this.

The Fast-Track Cities initiative challenges mayors to become health leaders and innovators. It seeks to unite the global and local, political and technical dimensions of responding to HIV and engages a diverse breadth of stakeholders and sectors to achieve rapid progress. A Fast-Track response can support cities to improve social equality for people affected by and living with HIV. It can also pave the way for cities to address related public health challenges in new and innovative ways while tackling social, legal, and economic barriers that deprive many people of the full benefits of city life.

CITIES CONVENE AND COMMIT: SEVEN KEY MESSAGES

On World AIDS Day, 1 December 2014, local and global leaders embraced the Fast-Track Cities initiative at an event hosted by the Mayor of Paris, Anne Hidalgo, and co-convened by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat) and the International Association of Providers of AIDS Care



(IAPAC).

“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, Executive Director of UNAIDS

FAST-TRACK CITIES

(as of 1 December 2014)

- Abidjan, Côte d'Ivoire • Accra, Ghana • Algier, Algeria • Amsterdam, Netherlands
 - Bamako, Mali • Bangkok, Thailand • Bucharest, Romania • Casablanca, Morocco
 - Cotonou, Benin • Curitiba, Brazil • Dakar, Senegal • Dar es Salaam, United Republic of Tanzania
 - Douala, Cameroon • Durban, South Africa • East Delhi, India • Geneva, Switzerland
 - Kingston, Jamaica • Kinshasa, Democratic Republic of the Congo • Lagos, Nigeria
 - Libreville, Gabon • Lilongwe, Malawi • Maputo, Mozambique • Nairobi, Kenya
 - Paris, France • Port-au-Prince, Haiti • Salvador, Brazil
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“We must seize this moment of unprecedented scientific opportunity to rapidly reduce the number of new HIV infections and end AIDS-related deaths. Achieving our targets requires leveraging existing city programmes and resources and implementing locally tailored and locally led interventions to address HIV prevention, testing and treatment gaps.”

José M. Zuniga, President/CEO of IAPAC

Leaders representing 26 cities as well as civil society networks and international organizations shared experiences, successes and ongoing challenges as well as the resolve to take bold actions and lead a global movement to achieve the 90-90-90 targets by 2020. Fast-Track City event participants emphasized the unique opportunities for cities to rapidly transform the AIDS response, with the focused and sustained support of city-level, national and international partners. They further highlighted the importance of quickly scaling up access to HIV testing and treatment services, eliminating stigma and discrimination and significantly reducing new HIV infections. The following are seven key messages from the event:

Message 1: Cities must lead the Fast-Track Cities initiative

Over the course of two days, city leaders recognized that an effective AIDS response means putting people at the centre and integrating human rights protections into strategic urban planning. They also agreed that health services need to be decentralized, efficient and accessible to all, including poverty mitigation and an effective tuberculosis response, where relevant. Participants emphasized that such aspects of urban development are most efficiently carried out by municipal and local authorities.

“We must ensure that mayors are better integrated in decision-making mechanisms on AIDS and have an active role in communities. We must pursue decentralization in power, roles and influence. Mayors should do more, and be enabled to do more.”

Fritz Ntone Ntone, Delegate of the Government, Douala, Cameroon

“Cities provide ready, flexible and creative platforms that can contribute to ending the AIDS epidemic in a pragmatic, balanced and efficient way. Cities are where the linkages, trust, respect and inclusiveness that are part of any sustainable solution can be built.”

Joan Clos, Executive Director of UN-Habitat

“We must decentralize action on AIDS. We must involve mayors. The response cannot be a top down effort executed by provinces. Cities must be involved in each layer of the response.”

André Kimbuta, Governor, Kinshasa, Democratic Republic of the Congo

Message 2: Stigma and discrimination are our greatest challenges

City leaders noted that stigma and discrimination must be eliminated in order to reach all people and populations with effective HIV testing, prevention and treatment services. Stigma, discrimination and social exclusion on the basis of sexual orientation, gender, legal status and drug use, for example, increase vulnerability to HIV and impede a more robust AIDS response. These barriers also foster inequality and insecurity and obstruct broader health and development progress. City leaders recognized that discriminatory policies contribute to the epidemic and encouraged each other to explore practical, equitable solutions to ensuring that stigmatized and criminalized populations are able to access HIV and related health services.

Cities will only reach the Fast-Track targets by leaving no one behind: ensuring that marginalized and stigmatized people can access sexuality education, HIV testing and prevention options such as condoms and effective HIV treatment. They must also scale up tuberculosis care. A fast-tracked AIDS response requires city leaders to work with vulnerable people and populations at particular risk, including sex workers, people who inject drugs, transgender people and men who have sex with men. Cities must also be free of violence, especially against young women and girls.



“Violence against women, especially sexual violence, is a violation of human rights. We must stop this injustice.”

Meenakshi Lekhi, Mayor, East Delhi Municipal Corporation, India

“We don’t have the capacity at the city level to reach the community of men who have sex with men. How can we do so in a sensitive way?”

Willie Chapondera, Worshipful Mayor, Lilongwe, Malawi

“Is it possible for criminalized populations to access HIV services and treatment, even if they are free?

City leaders must address this contradiction in order to reach 90-90-90.”

Smarajit Jana, Sonagachi Research and Training Institute, Kolkata, India

Message 3: City AIDS responses must serve highly mobile populations, including beyond city limits

Participants at the Fast-Track Cities event emphasized that HIV epidemics and populations in need of city services stretch beyond municipal boundaries. As economic and intellectual hubs, cities are home to health systems and other relevant infrastructure that attract migrants, transient populations and visitors who also need HIV and other health services.

The city leaders called for support in developing strategies for reaching and serving mobile populations, including beyond city limits.

Laying the foundation in Melbourne

On the sidelines of the 2014 International AIDS Conference in Melbourne, Australia, UNAIDS and the Mayor of Melbourne hosted a Cities for Social Transformation Towards Ending AIDS meeting. This gathering of more than 50 stakeholders from 18 cities, including governors, mayors and national AIDS authorities, helped to build commitment and momentum for a city-led movement for ending the AIDS epidemic in urban settings. City leaders were joined by international partners, including the World Bank, the Global Fund to Fight AIDS, Malaria and Tuberculosis, as well as IAPAC and the International AIDS Alliance.

By generating significant discussion and political consensus about the role that cities can play in ending the AIDS epidemic, the Melbourne meeting laid the foundations for the global Fast-Track Cities event held in Paris on 1 December 2014.

“Treatment is a challenge for us. Lagos has a fractured and mobile social network, the people you see today you don’t see next week. Thus to establish a service delivery framework that takes root is extremely difficult.”

Aderemi Desalu, Special Assistant for Special Duties, Lagos, Nigeria

“Dakar provides treatment services to 44% of Senegal’s population of people living with HIV. Dakar attracts people in need of services because we have the technical and human capacity, thus we are responsible for serving a much larger population than just our city’s inhabitants.”

Jean Baptiste Diouf, Deputy Mayor, Dakar, Senegal

“As a transit city, Cotonou is very vulnerable and highly exposed. We continue to struggle to ensure adequate access to prevention and treatment, including services to prevent new HIV infections in children.”

Léhady Soglo, Premier Adjoint to the Mayor, Cotonou, Benin

Message 4: Inclusive and strategic partnerships are critical to accelerating progress

City leaders emphasized that strategic partnerships across sectors have been at the heart of progress made in their AIDS responses to date, including meaningful partnerships with community-based organizations and networks of people living with and affected by HIV. Civil society participants emphasized that the principle of the greater involvement of people living with HIV/AIDS is not altruism or charity, but a critical tool to ensuring the most relevant and effective responses.

City leaders asked for targeted support from international partners. UNAIDS, UN-Habitat, IAPAC and other partners, including the Stop TB Partnership and the United Nations Development Programme (UNDP), pledged their commitment to supporting mayors in generating strategic information and implementing tailored city plans, with particular attention to reaching key populations.

“The GIPA principle (greater involvement of people living with HIV/AIDS) is not about charity. It is about effectiveness. We can end AIDS, but not without the meaningful participation of people living with and most at risk of HIV.”

Phill Wilson, President, Black AIDS Institute



“Bangkok’s AIDS response rests on the strength of multisectoral partnerships. Today, with civil society, we are focusing on innovative projects to reach key populations, such as the GAYBKK club that uses social media to encourage men who have sex with men to take HIV tests and access other HIV prevention and treatment services.”

Pusadee Tamthai, Deputy Governor of Bangkok, Thailand

“In Algiers, we work closely with NGOs (nongovernmental organizations) to ensure universal access to prevention and ensure that no one is left behind. As political leaders, it is our duty to turn promises into action.”

Nassredine Zenasni, President APC (Mayor), Algiers, Algeria

“We are here because we need to be involved in the fight against HIV. We need a paradigm shift in the way cities work with the international community.”

Rose Ossouka Raponda, Mayor, Libreville, Gabon

Message 5: City leaders need strategic information on their local epidemics and AIDS responses

The tools, experience and knowledge needed to end the AIDS epidemic exist. City leaders must be empowered with this knowledge and held accountable to their commitments. The mayors recognized that they require support to better monitor what is happening in their local epidemics and AIDS responses, including: how many people can access testing as well as other prevention, counselling and support services; who is getting infected, why and where; how many people enrol in HIV treatment and remain in care; and whether people on HIV treatment achieve viral load suppression. This strategic information is critical to empowering mayors to make decisions, to mobilize support among local leaders and their communities, and to ensure that their AIDS response is tailored to the local epidemic.

“In Nairobi, we are taking important steps to reach key populations, including sex workers, men who have sex with men and people who inject drugs. We are beginning to understand the size and locations of these populations, and delivering tailored services, including harm reduction.”

Mercy Kamau, Acting County Executive Committee Member for Health, Nairobi, Kenya

Message 6: Reaching the 90-90-90 targets in cities requires sustainable funding

Several city leaders voiced their concerns that urgently scaling up AIDS programmes will require additional funding. In order to access available international funding, international partners encouraged cities to develop strong strategic proposals that demonstrate efficiencies and opportunities for impact. Furthermore, cities encouraged each other to explore their own unique opportunities to access innovative funding and support from the private sector.

“Prevalence is very low in Bamako, but we still have to do more. International and innovative sources of funding must be found.”

Adama Sangare, Mayor, Bamako, Mali

“Accra has been very successful in mobilizing local, private resources for our city’s development. Businesses are looking for opportunities to connect with communities. They want to support us. Cities must explore more innovative, results-based partnerships with the private sector.”

Alfred Okoe Vanderpuije, Metropolitan Chief Executive, Accra, Ghana



“We hope that this network provides us the opportunity to share experiences on reaching key populations as well as how to mobilize funding to get the job done.”

Nurbai Calu, Councillor for Health and Social Action, Maputo, Mozambique

Message 7: City networks and innovative collaborations must be built and reinforced

City leaders expressed their desire to create a platform for action and regular reporting and to build a network of cities so they can come together, share best practices and learn from each other’s experiences in the AIDS response. They noted that it was only by working together—through peer support and accountability—that reaching the 90-90-90 targets would be possible by 2020.

“All decision-makers at local level must cooperate to render the fight against AIDS more effective and to implement the Paris Declaration as soon as possible.”

Tania Rădulescu, Medical Manager, Bucharest City Hall, Romania

“We are here to create a sustainable and dynamic network of partners to share best practices and to learn from another, so that at the end of the day, together, we can we can achieve our goals.”

Angela Brown-Burke, Mayor of Kingston, Jamaica

“We had significant progress in recent years. An increase in diagnosis and treatment has led us to a drastic reduction in mortality and interruption of vertical transmission of HIV in the last year. However, we know that we still need to do more. Fast-Track is an opportunity to do it.”

Adriano Massuda, Health Secretary, Curitiba, Brazil



City leaders, civil society and partners voice their hopes, achievements and on-going challenges

“The city suffered through significant discrimination when HIV first broke out. But we have made major progress through recent efforts. More people are getting tested, and the number of people testing positive is on its way down.”

*Joseph Duplan, Mayor,
Port-au-Prince, Haiti*

“We have witnessed a stabilization of the epidemic. New infections have dropped substantially among people who inject drugs thanks to cleaner injecting equipment, methadone and the creation of a safe injection room in 2001.”

*Esther Alder, Vice-President of the Administrative Council,
Geneva, Switzerland*

“This event marks an historical moment: on World AIDS Day we are bringing together our efforts to end the dual epidemics of HIV and TB. By moving out of the medical environment and, with local political leaders, addressing the social drivers of TB/HIV coinfection, we can reach those people left behind.”

*Lucica Ditiu, Executive Director,
Stop TB Partnership*

“In Salvador, we have quadrupled the number of centres delivering HIV tests, and we have five centres with 24 hour capacity for post-exposure prophylaxis. We have also established a reference centre specifically for LGBT.”

*Celia Oliveira de Jesus, Vice-Mayor,
Salvador, Brazil*

“The objective we have set ourselves might be ambitious but it is nevertheless within our reach. In Casablanca, we have a national strategy where every hospital and health centre is well equipped and we are very lucky that civil society is extremely dynamic and fully involved.”

*Mohammed Sajid, Président du
Conseil de la commune urbaine de
Casablanca, Morocco*

“To ensure local leadership of the AIDS response, we have established permanent standing committees in each of the city’s three municipalities and at the city level.”

*Didas John Massaburi,
Mayor, Dar es Salaam,
United Republic of Tanzania*

“We face many challenges, including funding and how we can procure sufficient drugs for keeping people alive. The war in the eastern region of our country is disrupting access to services. Patients are without treatment. And, of course, the biggest problem we are facing is stigma and discrimination.”

*Viktoriia Derkach, All-Ukrainian Network of PLH
Ukraine, Kiev, Ukraine*

“Our Operation Sukuma Sakhe programme is a community-led empowerment programme to address poverty, HIV, gender inequality and other family and community priorities. Together government and communities can better understand the challenges faced and provide integrated services closer to where people need them.”

*Numvuzo Fransisca Shabalala, Deputy
Mayor of eThekweni Municipality,
Durban, South Africa*

“To win the fight against AIDS, a holistic internal revolution is needed that opens the road to the victory over AIDS. But that victory will only be complete if every one of us has a respectful mind-set and makes another person’s suffering his own.”

*Robert Beugré Mambe,
Gouverneur du District
Autonome d'Abidjan,
Côte d'Ivoire*

MOVING FORWARD

Participants in the Fast-Track Cities event recognized that the aspirations of the Paris Declaration would have meaning and impact only if immediate, focused and sustained action is taken in each city. UNAIDS, UN-Habitat, IAPAC, the City of Paris and other partners committed to supporting city governments, communities and civil society organizations by undertaking the following steps:

1. Develop practical technical guidance for AIDS responses to expand access and uptake of services so that cities can reach the 90-90-90 targets by 2020. This guidance will cover a range of actions, including: target setting; establishing epidemic and response baselines; conducting programmatic gap analyses; linking investments to epidemic needs and geography; reaching key populations; engaging communities; and eliminating stigma and discrimination.
2. Host local consultations, including city-specific consultations with multiple stakeholders, as well as national consultations that engage leaders from a number of cities.
3. Explore opportunities to link and integrate the movement to achieve the 90-90-90 targets to related priorities and existing initiatives for building healthy, sustainable and secure cities (including rolling out multi-disease screening initiatives and reinforcing campaigns to end violence against women, for example).
4. Develop Fast-Track City action plans and budgets aligned with national strategic plans and tailored to cities' own unique governance and service provision structures.

“Due to an aggressive campaign, including harm reduction, outreach, media, de-stigmatizing testing and normalizing the response by integrating services into the health system, we can report that we have no new infections among drug users. We encourage other cities: be practical, remove the politics, and make it happen.”

Tom van Benthem, Department of Public Health, Amsterdam, Netherlands

5. Negotiate, develop and secure city buy-in for an accountability mechanism to monitor implementation of the Paris Declaration, with regular monitoring and reporting.
6. Develop the “Paris Network,” including by: (1) utilizing and linking to existing city networks; (2) exploring opportunities for twinning, South-South and North-South cooperation; and (3) exploring opportunities for cities to advocate and mobilize other cities in their own countries.
7. Mobilize resources through: (1) supporting cities to identify and develop innovative funding mechanisms at the municipal level, including with the private sector; and (2) exploring available international resources, including from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President’s Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation and others.

“We assume people know about HIV, but knowledge is low. As an activist, I seek to break it down to something understandable, something human, something young. Let’s talk 90-90-90 today, but when we get home, it must be ‘understand, understand, understand.’”

Phindile Sithole Spong, AIDS Activist, Johannesburg, South Africa

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