Place matters: why cities are key to ending AIDS

Cities for Social Transformation Towards Ending AIDS

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Getting to zero
Today half the world’s population is urban, and this is expected to increase further.
Urbanization: faster than ever before

- London took 130 years for an 8 times increase in population
- Bangkok took 45 years
- Cities in Africa and China doubling every seven years - will take just over 20 years for an 8 times increase in population
Rapid urbanization and GDP growth are taking place in Asia and the Pacific

Proportion of urban and rural population

GDP(constant prices), percentage change

Getting to zero

Globally, 96% of the increase in population in developing countries between now and 2030 will be in urban areas.

**Global, 2030**
- 60% urban population
- 40% rural population

**Asia and the Pacific, 2030**
- 54% urban population
- 46% rural population

Urban areas have more HIV infections than rural areas – a trend that will continue as urban populations grow.

Urban/ rural adult (15 - 49 years) HIV prevalence in selected African countries

Source: UNAIDS; data drawn from Demographic Health Survey 2009–2013 datasets.
HIV prevalence is high among key populations in cities in Asia and the Pacific.

Prepared by www.aidsdatahub.org based on latest available data between 2009 and 2013 from national HIV sentinel surveillance surveys, integrated biological and behavioural surveys, and other published survey results.

* Pakistan data for hijra sex workers. **MSM**: Men who have Sex with Men; **MSW**: Male Sex Workers; **PWID**: People Who Inject Drugs; **FSW**: Female Sex Workers
An estimated 20 million people living with HIV live in cities - more than half the global epidemic

<table>
<thead>
<tr>
<th>Region</th>
<th>PLHIV in Cities</th>
<th>Percentage in Cities</th>
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</thead>
<tbody>
<tr>
<td>Asia and the Pacific</td>
<td>4.8M</td>
<td>25%</td>
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<tr>
<td>Sub-Saharan Africa</td>
<td>24.7M</td>
<td>30%</td>
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<tr>
<td>West and Central Europe</td>
<td>0.86M</td>
<td>60%</td>
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But, cities will be at the centre to ending AIDS

Global

1/3rd

The disease burden in 220 cities

Getting to zero

ADB  UNAIDS
Cities have a huge urban advantage that can help scale up the response

- But cities have often not capitalized on this
- Less than 20% of those who need treatment receive it in many large cities
- Prevention coverage of key populations is less than a third
- Less than a third know their HIV status
HIV infections are concentrated in urban areas among key populations at higher risk.

Getting to zero

HIV in Asia and the Pacific region is concentrated among key populations especially in cities.

- **People who inject drugs**
  - Indonesia, 36%
  - Jakarta, 56%

- **Men who have sex with men**
  - Thailand, 7%
  - Bangkok, 24%

- **Female sex workers**
  - Viet Nam, 2.7%
  - Hanoi, 23%

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on HIV sentinel surveillance reports, integrated biological and behavioral surveillance reports and [www.aidsinfoonline.org](http://www.aidsinfoonline.org)
Key populations are highly concentrated in cities and could be game changers: yet, ART coverage of key populations is lower than for other populations

- ART coverage for general population global: 37%
- ART coverage for KP: 5 to 20 % estimated
- ART Coverage in high income countries: > 80%
Our information systems are not sensitive to real needs: The location of the epidemic versus the location of services often does not match.
Epidemics grow nationally as we delay taking strategic action in a few cities

Source: Faran Emmanuel, University of Manitoba
Strategic city responses can impact ending AIDS nationally – condom promotion in city brothels in Thailand spearheaded a national decline

New HIV infections in Thailand, Asian Epidemic Model 1985 – 2030:

Prepared by www.aidsdatahub.org based on personal communication from S. Sarkar, UNAIDS
Cites can act faster and better

• Pass special health regulations, and dedicated services for key populations (e.g. license sex workers to ensure decriminalised services, ‘Male Health Clinics’, offer drug substitution clinics)
• Offer community-based testing and treatment initiation by non-physicians
• Offer treatment to migrants
• Ensure follow-up to enhance treatment retention
• Private-public and community partnerships for effective service delivery
But, our financing systems should also acknowledge growing role of cities

- Innovative financing for cities based response
- Facilitate twinning and south to south approaches for cities
- Better and improved systems for tracking epidemic and real time corrective action
- Improved partnership between civic authorities, communities and private sector for effective delivery
THANK YOU