

# Place matters: why cities are key to ending AIDS

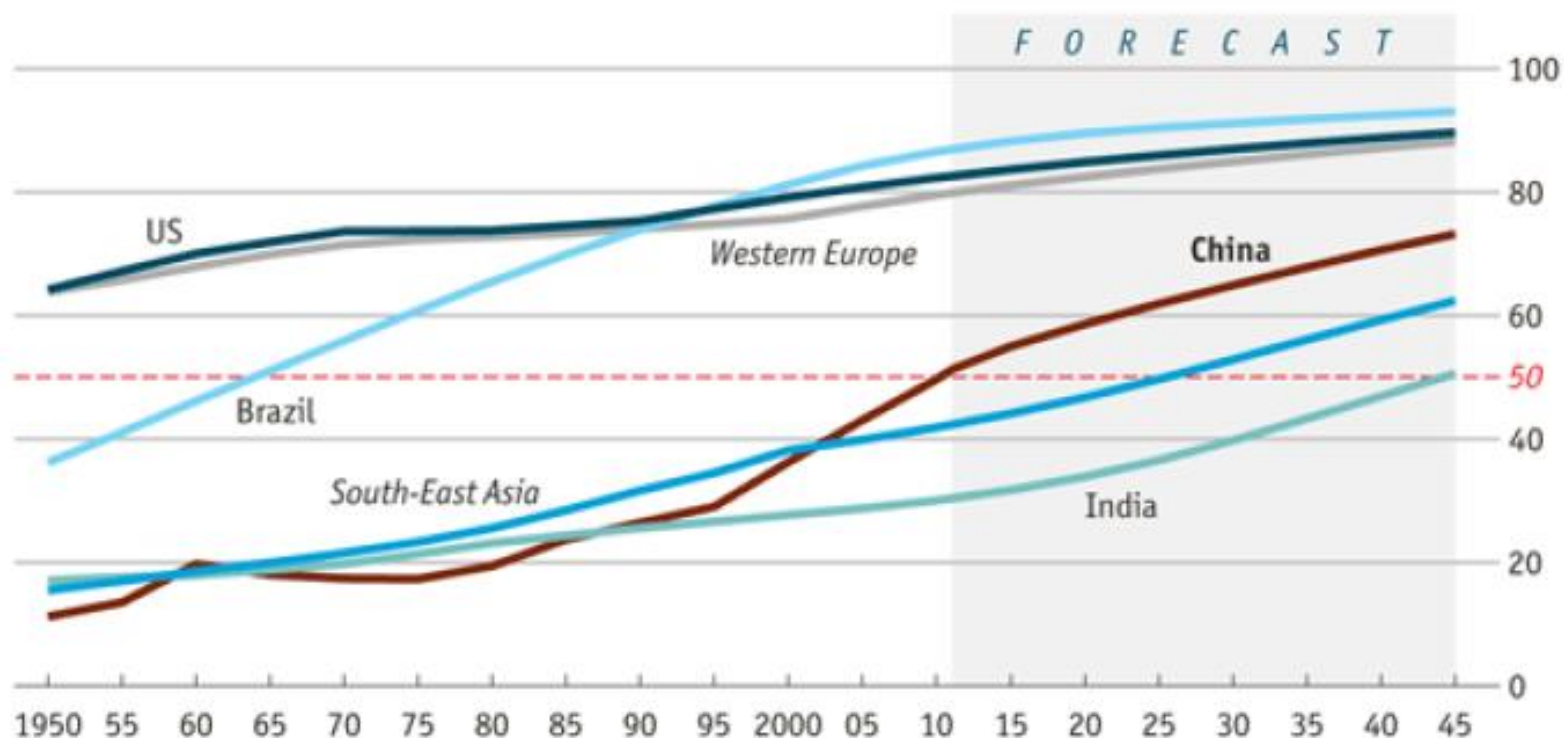
Cities for Social Transformation Towards Ending AIDS

20<sup>th</sup> International AIDS Conference  
Melbourne, Australia  
19 July 2014

Steven J. Kraus  
Director  
UNAIDS Regional Support Team, Asia and the Pacific

# Today half the world's population is urban, and this is expected to increase further

Percentage of total population living in urban areas



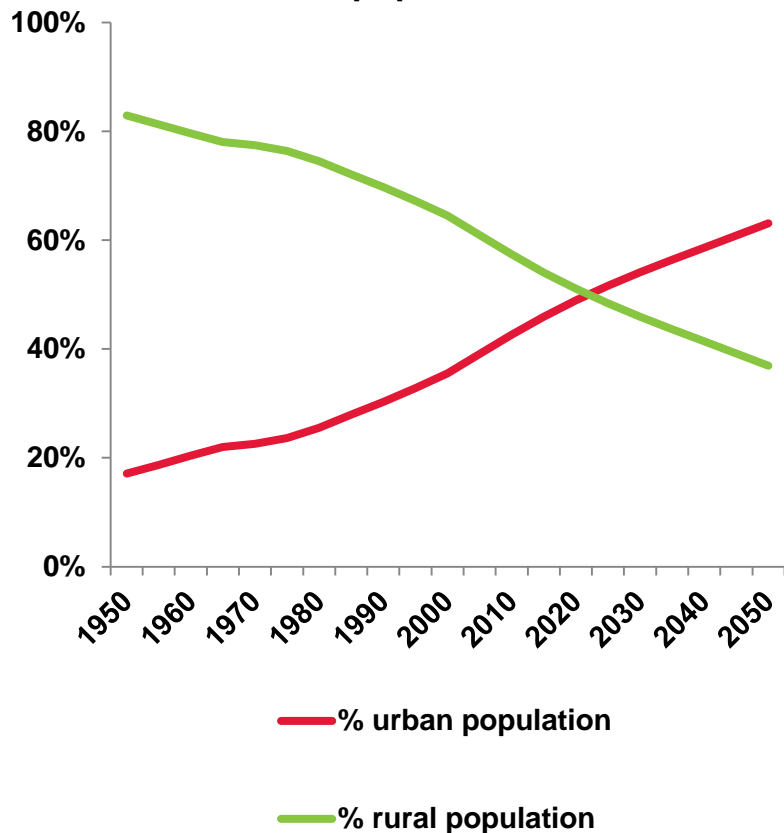
Source: CEIC; UN Population Division; The Economist

# Urbanization: faster than ever before

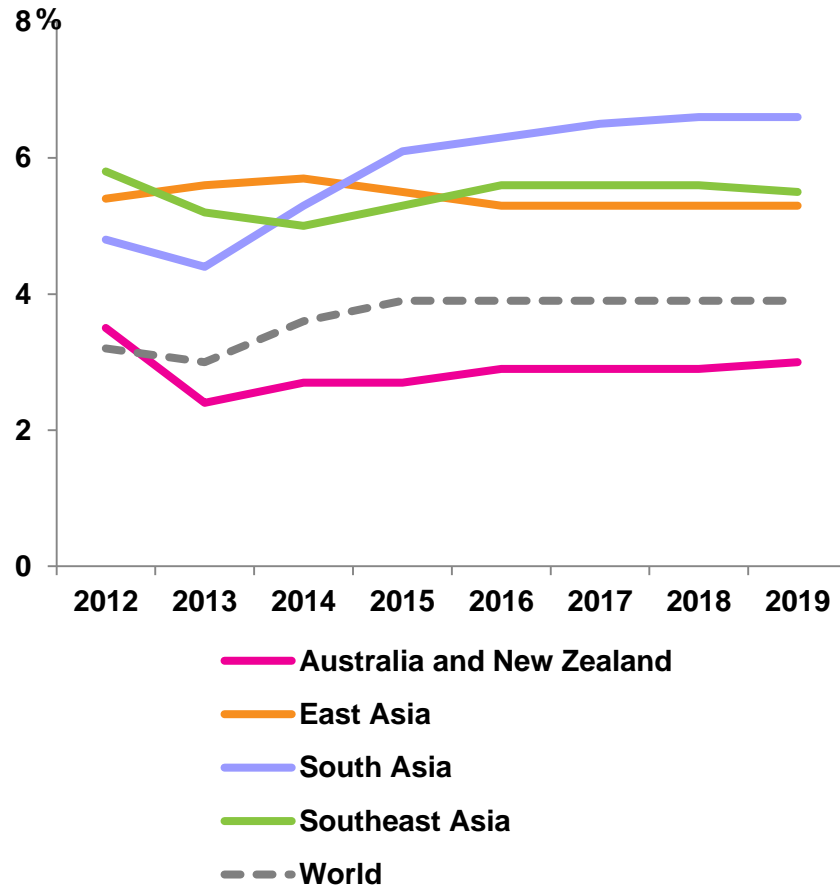
- London took 130 years for a 8 times increase in population
- Bangkok took 45 years
- Cities in Africa and China doubling every seven years - will take just over 20 years for 8 times increase in population

# Rapid urbanization and GDP growth are taking place in Asia and the Pacific

Proportion of urban and rural population



GDP(constant prices), percentage change

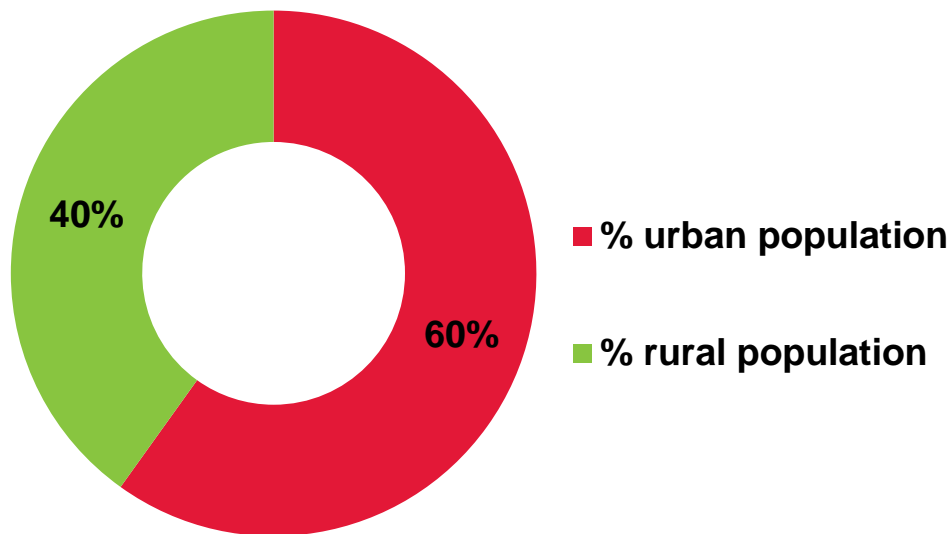


Getting to zero

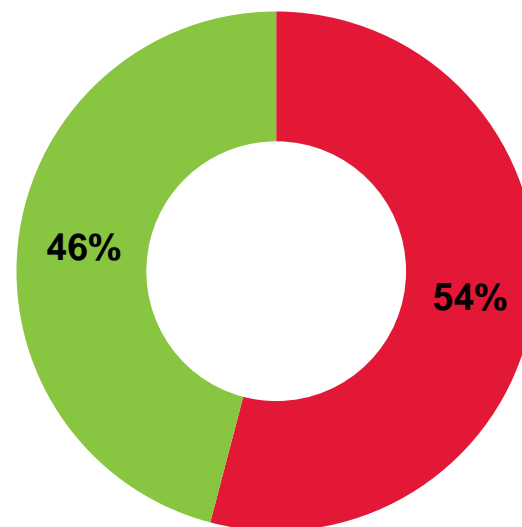


# Globally, 96% of the increase in population in developing countries between now and 2030 will be in urban areas

Global, 2030



Asia and the Pacific, 2030

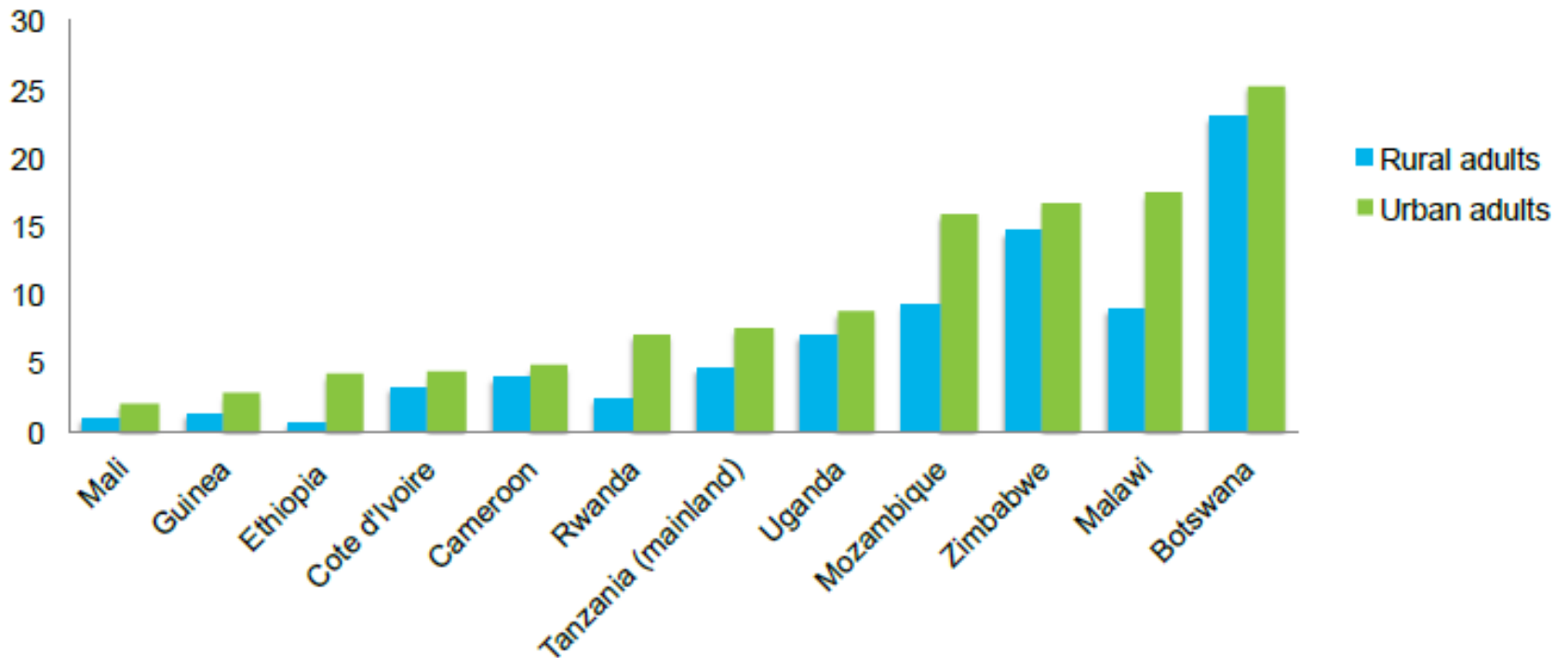


Getting to zero



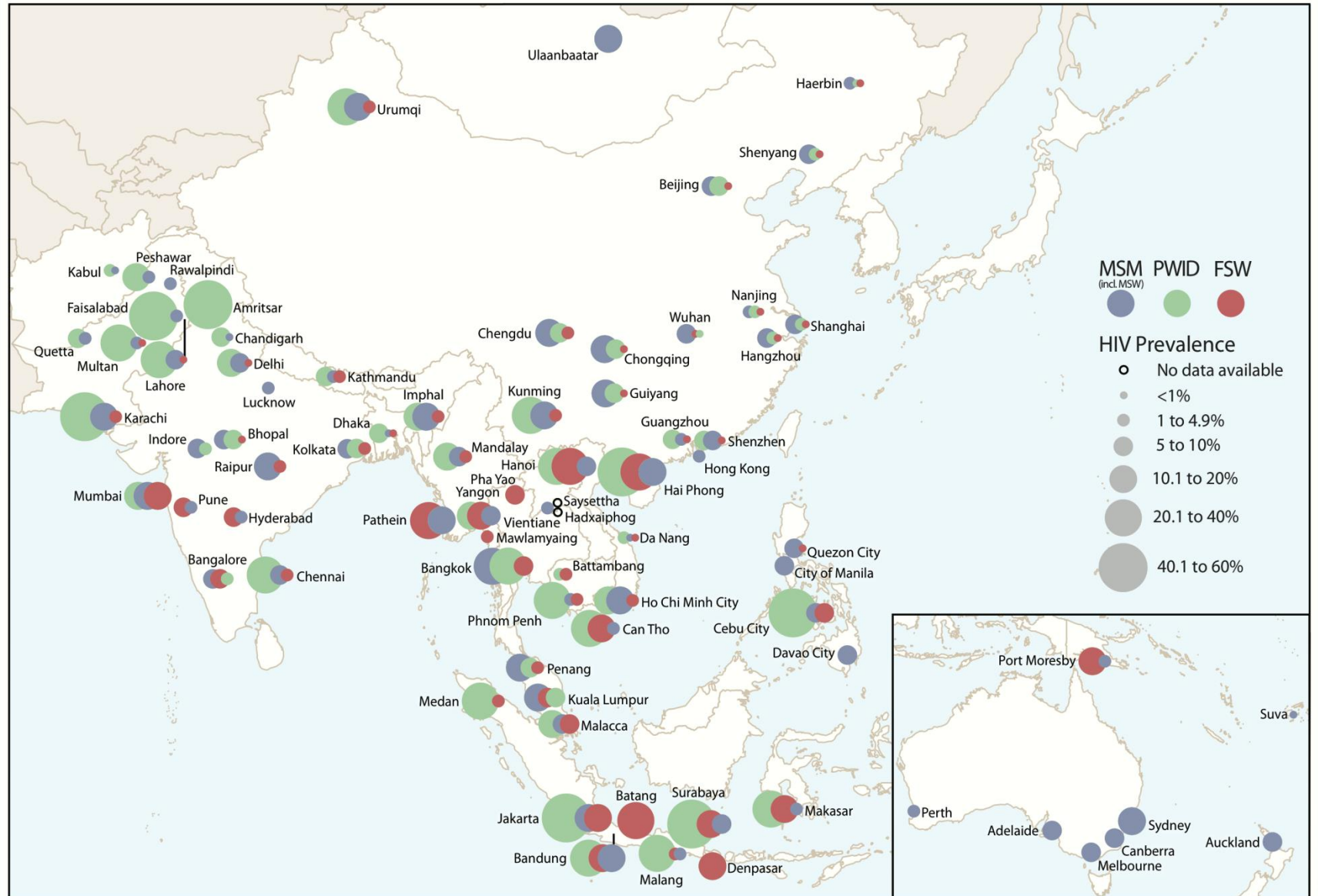
# Urban areas have more HIV infections than rural areas – a trend that will continue as urban populations grow

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](http://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

**35M** PLHIV in the world

**20M** (19M -21M)  
in  
cities



## Estimated HIV infections in cities “zoom-in”

**4.8M** PLHIV in  
Asia and the Pacific

**25%**  
in 30 big  
cities

**24.7M** PLHIV  
in Sub-Saharan  
Africa

**30%**  
in 70 big  
cities

**0.86M** PLHIV in  
West and Central Europe

**60%**  
in  
20 big cities

Getting to zero





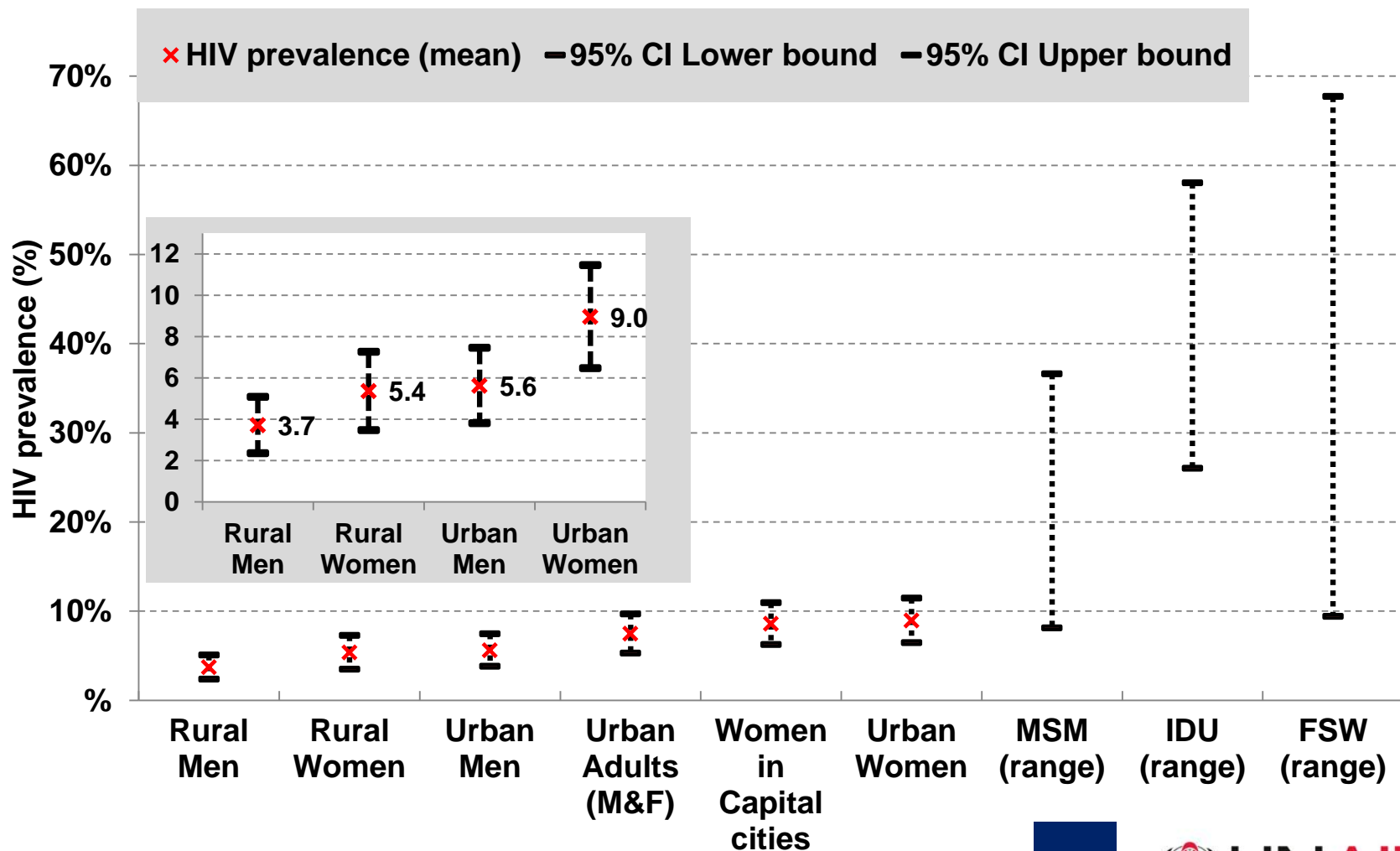
# But, cities will be at the centre to ending AIDS



# 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



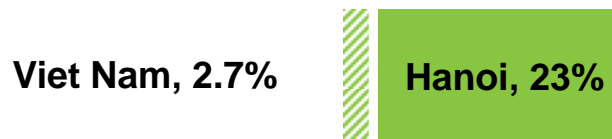
People who inject drugs



Men who have sex with men



Female sex workers



Getting to zero

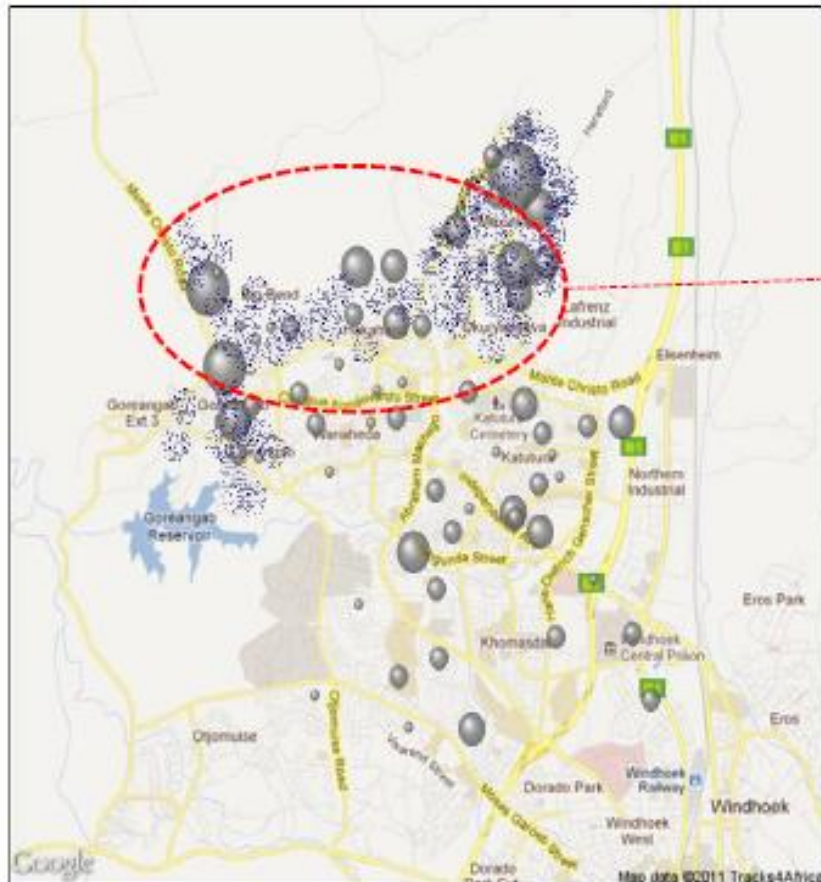


## Key populations are highly concentrated in cities and could be game changers: yet, ART coverage of key populations is lower than for other populations

- ART coverage for general population global: 37%
- ART coverage for KP : 5 to 20 % estimated
- ART Coverage in high income countries: > 80%

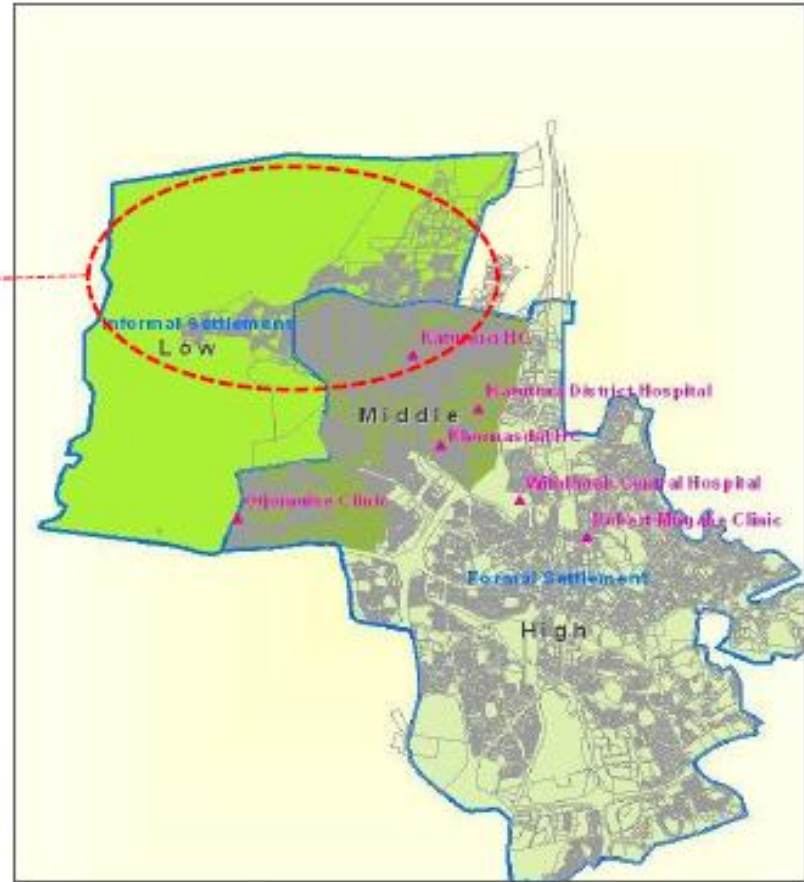
# Our information systems are not sensitive to real needs: The location of the epidemic versus the location of services often does not match

New HIV infections heavily concentrated in informal settlements, Windhoek, 2007-2009



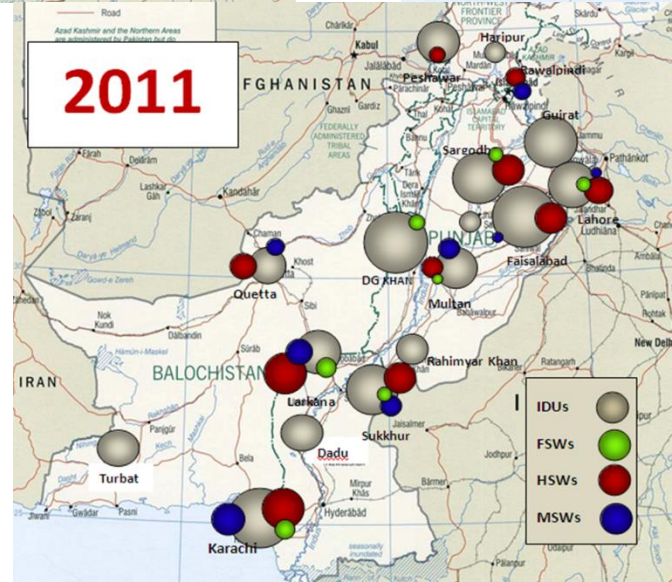
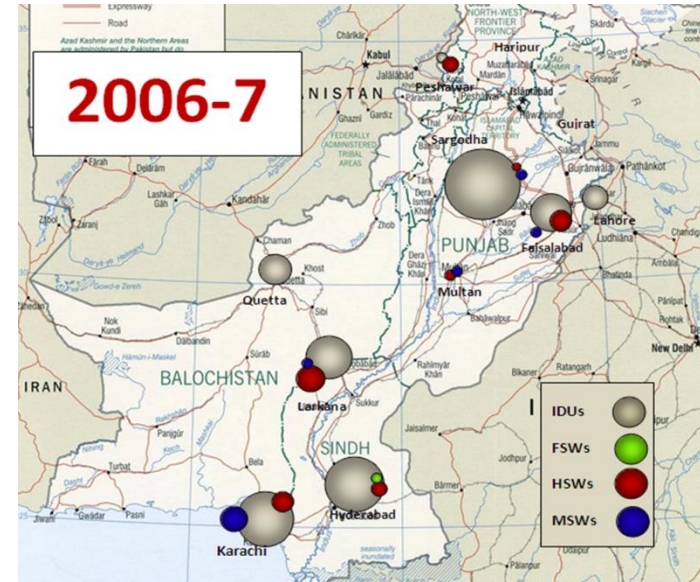
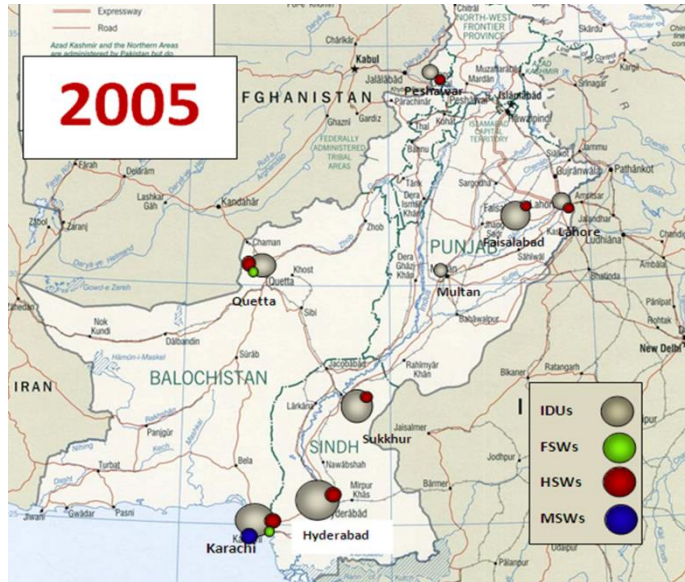
● New HIV infections

Health facilities providing antiretroviral therapy concentrated in formal settlements, 2010



▲ Health facilities providing ART

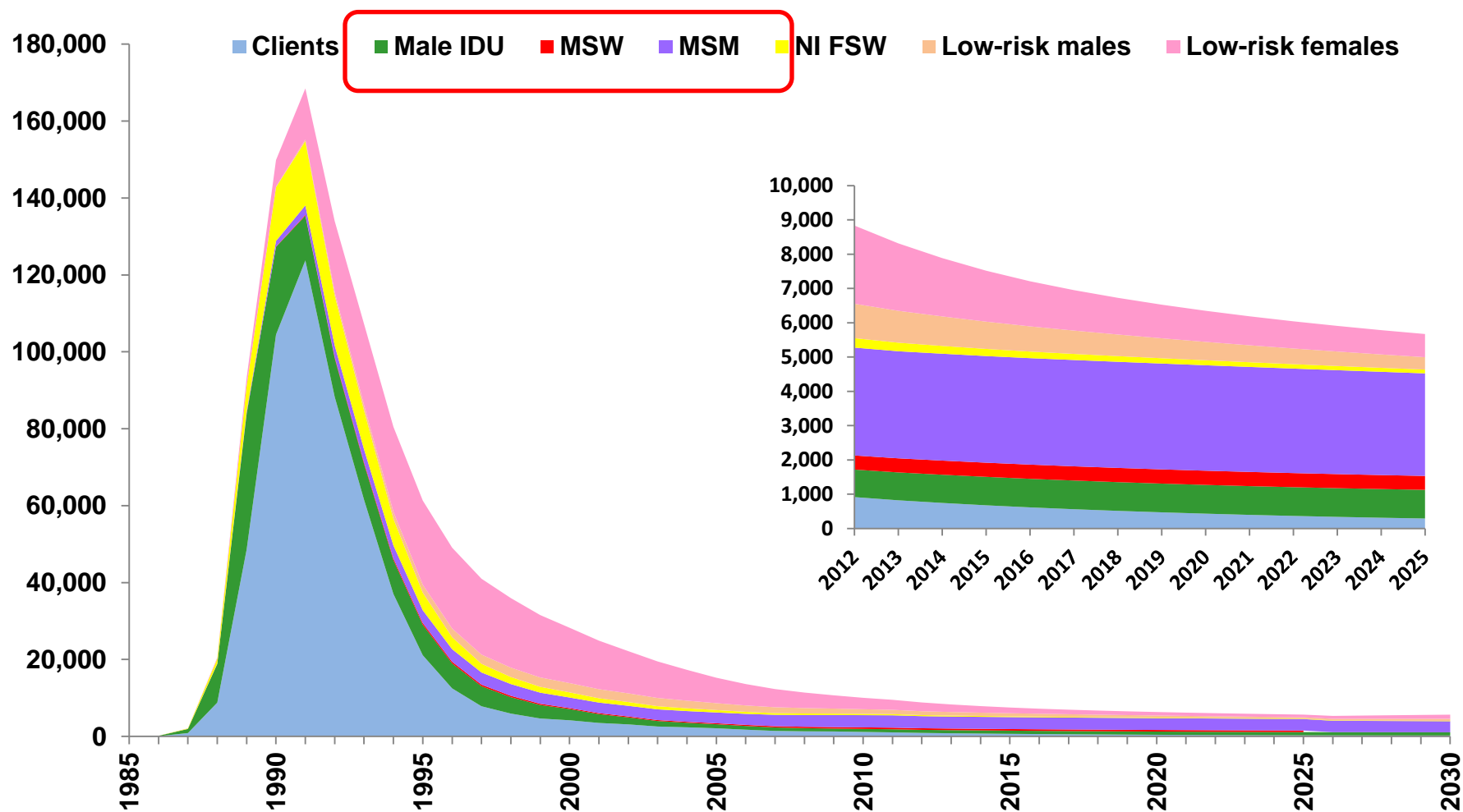
# Epidemics grow nationally as we delay taking strategic action in a few cities



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:





# Cities 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**

**Getting to zero**

