

ENDING

THE URBAN

AIDS EPIDEMIC

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FOREWORD

Urbanization is changing the way we live and work and how we approach problems and think about the future. Already the majority of the world's population lives in urban areas, and by 2050 it is projected that seven in 10 people will live in cities and municipalities.

There are important reasons why people are choosing to live in urban areas. Cities are sources of economic growth and prosperity, serve as centres of innovation and offer extraordinary educational, cultural and recreational opportunities. Urban areas often have greater success in tackling difficult challenges, due to cities' comparatively greater concentration of services, creativity and productive capacity.

Yet urbanization is also closely linked to another, more concerning trend that characterizes life in the early 21st century. As urban areas grow and evolve, they also reflect profound social and economic inequalities. Although millions of city dwellers have been lifted out of poverty over the last 15 years, the number of people living in urban slums and disadvantaged areas continues to increase each year.

Informal settlements, slums and disadvantaged areas contain high levels of inequality that affect people's health and well-being and diminish their security and future prospects. People who are economically and

socially marginalized are substantially less likely to have meaningful access to critical health and social services including HIV prevention, testing, treatment and support.

Cities gave rise to the first cases of HIV infection ever recognized, and the role of urban areas in the global AIDS response has only intensified over time. Globally, 200 cities account for roughly 25% of all people living with HIV. In many countries, a single city accounts for 40% or more of all people living with HIV.

As the world embarks on a historic quest to end the AIDS epidemic as a public health threat by 2030, it is plain that this fight will largely be won or lost in urban areas. Cities have unique strengths in the response to HIV, offering opportunities for innovative and visionary partnerships, more inclusive and participatory responses, and effective action to address the social, economic and legal determinants of HIV risk and vulnerability. Only by harnessing the unique advantages of urban life – and by effectively addressing the challenges that urbanization presents – will it be possible to end the epidemic.

As urban areas work to scale up the services that reduce HIV-related illness and death and prevent new HIV infections, they will need to develop innovative service models that take account of the evolving nature of HIV

care and treatment. Increasingly, HIV is transitioning from a disease that is almost invariably fatal to one that is chronic and manageable. As medical management of HIV increasingly resembles care for other chronic diseases, innovative models of service integration will be needed. These new approaches have the potential not only to accelerate progress towards ending the AIDS epidemic as a public health threat, but also to improve health outcomes for chronic, non-communicable diseases that are exacting an increasing toll in low- and middle-income countries.

Ending the AIDS epidemic in cities will have profound, long-lasting benefits for countless urban communities across the globe. But the AIDS response can also play another transformative role, as a pathfinder for broader health and development gains in urban areas. The key characteristics of the AIDS response – multisectoral, evidence-based and people-centred action; community

engagement and leadership; innovation to overcome barriers and improve outcomes; a focus on concrete targets and accountability for results; a commitment to human rights and gender equity and an insistence that no one be left behind – can help inspire new coalitions, innovative delivery platforms and broad-based action to ensure sustained growth and shared prosperity in the post-2015 era.

This report includes examples of cities in every region that are displaying courageous, innovative, transformative leadership on AIDS. As of August 2015, more than 100 cities have formally joined as partners in the Fast-Track Cities Initiative, pledging to take focused action to speed the day when the epidemic is no longer a public health threat. It is our hope that these examples will inspire other urban areas across the world to join in this historic undertaking and help make our world healthier, more secure and more just.

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INTRODUCTION

The world today is increasingly defined by its urban spaces. Cities form the bedrock of modern human progress by being home to the largest and most dynamic economies; by incubating talent, creativity and innovation; and by having young, mobile, diverse populations. More than half of the global population currently lives in urban areas.

Urbanization is a powerful driver of development. It has generated economic growth and prosperity in many countries and it has been the driving force behind improved health and social, cultural and political change. Nevertheless, urban growth and development are also associated with many challenges, and city leaders routinely face the difficult task of allocating limited resources to contend with a range of development issues, including maintaining and developing infrastructure, improving living conditions (including within slums and deprived neighbourhoods), creating jobs and expanding the provision of basic health and social services.

epidemics of HIV, tuberculosis and other health challenges as an urgent development concern. Although cities often have resources, public and private health systems, legal authority and the capacity for innovation and service delivery, they sometimes struggle to design and implement focused, effective and rights-based AIDS responses, often leaving behind the most vulnerable and marginalized populations.

Recent advances in science, accumulated implementation experience, stronger institutions, political commitment, civil society and community activism, global solidarity and associated resources offer an opportunity to end the AIDS epidemic as a public health threat by 2030. This goal is reflected in the UNAIDS Fast-Track approach, which requires rapidly scaling up and focusing the implementation and delivery of proven, high-impact HIV prevention and treatment services: an approach that urban leaders are increasingly adopting.

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