Supporting “City Multilateralism” to End Urban HIV, TB, and HCV Epidemics

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WHAT IS ‘CITY MULTILATERALISM’?

• *Diplomacy and action at the local level to coordinate with global peers on transnational concerns*

• Urban initiatives striving to make progress on global agendas (SDGs, New Urban Agenda)

• Achieving coordination with national governments and global movements, including on pandemic preparedness

• An addition to (not replacement for) national health diplomacy

• Harm mitigation when nations fail to lead (i.e., COVID-19)
FAST-TRACK CITIES

• Fast-Track Cities launched World AIDS Day 2014 in the City of Paris

  ✓ 26 original cities signed Paris Declaration on Fast-Track Cities Ending the HIV Epidemic
    o Amended in July 2018

  ✓ 300+ cities joined the network in every region since 2014

  ✓ Some countries have critical mass of Fast-Track Cities (Brazil, France, Portugal, South Africa, Spain, UK, USA, etc.)
WHY CITY MULTILATERALISM?

Urban Growth
- Two-thirds of global population will live in urban centers by 2050
- 90% of this growth in:
  - Sub-Saharan Africa
  - East and South Asia
- Mostly unplanned growth
- 75% of cities have grown less equal over the past 20 years

Risk and Opportunity
- Urban growth is a risk given infectious disease impact on cities
- City and municipal leaders are stepping up to the global table
- Healthy, resilient societies require a ‘right to the city’ that asserts a right to the city as a place that strives to guarantee a decent and full life for all inhabitants

Urban Growth is a risk given infectious disease impact on cities. City and municipal leaders are stepping up to the global table. Healthy, resilient societies require a ‘right to the city’ that asserts a right to the city as a place that strives to guarantee a decent and full life for all inhabitants.
HIV 90-90-90 TARGETS

BANGKOK

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<th>Year</th>
<th>2016</th>
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<th>2018</th>
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<td>Care</td>
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Fast-Track Cities Virtual Conference • September 9-10, 2020
HIV 90-90-90 TARGETS (continued)
HIV 90-90-90 TARGETS (continued)

NAIROBI COUNTY

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<tr>
<th>Year</th>
<th>2016</th>
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<td>ART 90</td>
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<td>Viral Suppression 90</td>
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WHAT HAS COVID-19 REVEALED?

• Human (and financial) costs of endemic infectious diseases, emerging pandemics reflect existential threat

• COVID-19 has revealed a lack of pandemic preparedness (emerging and re-emerging)
  ✓ In part due to ‘unenforceable’ International Health Regulations

Most countries are expected to face recessions in 2020

The proportion of economies with an annual contraction in per capita GDP. Shaded areas refer to global recessions. Data for 2020–21 are forecasts.
Source: World Bank
LEVERAGING HIV PLATFORMS

• COVID-19 has also revealed fragility in HIV and other health responses (e.g., TB, HCV)
• HIV infrastructure, including health workforce, leveraged for COVID-19
  ✓ Attenuating impact?
• Need continued investment in HIV responses, but also to address fragility and ensure continuity of HIV and other health services
COVID-19 AND CITY MULTILATERALISM

Atlanta

• Coordinated state government, but also with CDC and philanthropists
• Followed recommendations of CDC and WHO regarding closures, masks, etc.
• Persisted despite confusing and politicized federal and state responses
• Faced down Governor who filed lawsuit to end city’s closures and mask mandate

São Paulo

• Saw cases early in COVID-19 pandemic, especially in favelas
• Municipal leaders worked with state leaders to prepare hospitals (canceling elective procedures, expanding ICUs, acquiring PPE supplies)
• Mocked by President who encouraged people to defy lockdown measures
DECENTRALIZING HEALTH DIPLOMACY

- Not calling for wide-scale decentralization of traditional health diplomacy model with nation-states as central actors
  ✓ Seeking recognition of and actioning of city multilateralism

- SDG 11 interwoven with virtually every SDG, including SDG 3
  ✓ Creating sustainable cities and communities a local priority
  ✓ Cities cannot act in isolation
ADVANCING WITH NATIONAL PARTNERSHIPS

HIV and COVID-19
- Avoid becoming obstacles
- Empower cities to take measures
  - Especially regarding inequities
  - Innovation on minimizing in-person contact for HIV care
  - Addressing social determinants of health (housing, socio-economic opportunity, stigma)

Long-Term Cooperation
- Make space to forge and sustain meaningful national-urban partnerships on infectious diseases
- Forge national-urban partnerships to coordinate public health efforts
  - Health-related SDGs
  - Pandemic preparedness
CONCLUSIONS

• Cities must be at forefront of public health, human rights

• Cannot relegate urban leaders to sidelines, expect them to play central role in health crises

• City multilateralism needed so urban zones can serve as engines for change, innovation

• National leaders should see city multilateralism as opportunity