



Leaning Forward: Insights from the  
IAPAC-Lancet HIV Commission on  
the Future of Urban HIV Responses

Nombulelo Magula

Chair: Social Determinants of Health sub-  
Committee

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IAPAC  
INTERNATIONAL ASSOCIATION  
OF PROVIDERS OF AIDS CARE

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## WHO Defining Social Determinants of Health

- ❑ “the conditions in which people are born, grow up, live, work and age. These conditions influence a person’s opportunity to be healthy, [their] risk of illness and life expectancy.”
  
- ❑ Key to ending urban HIV epidemics
  - are important for addressing all health concerns



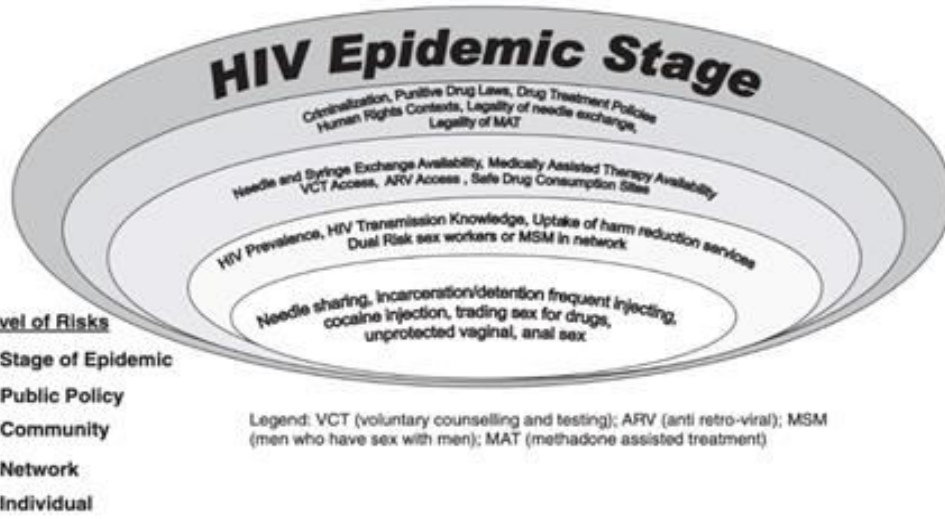
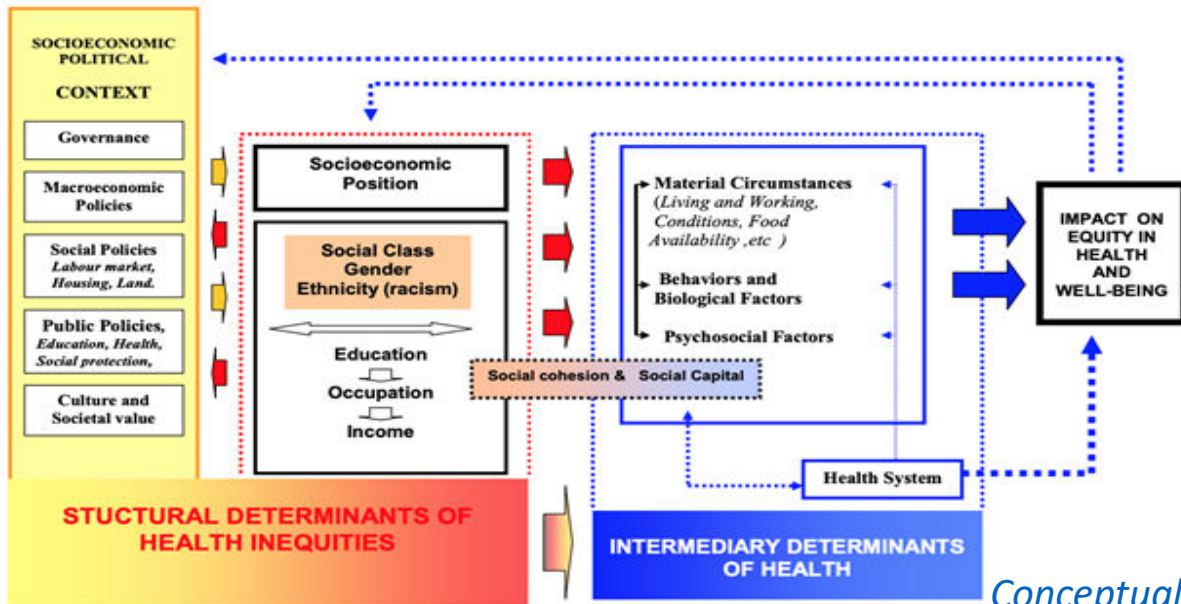
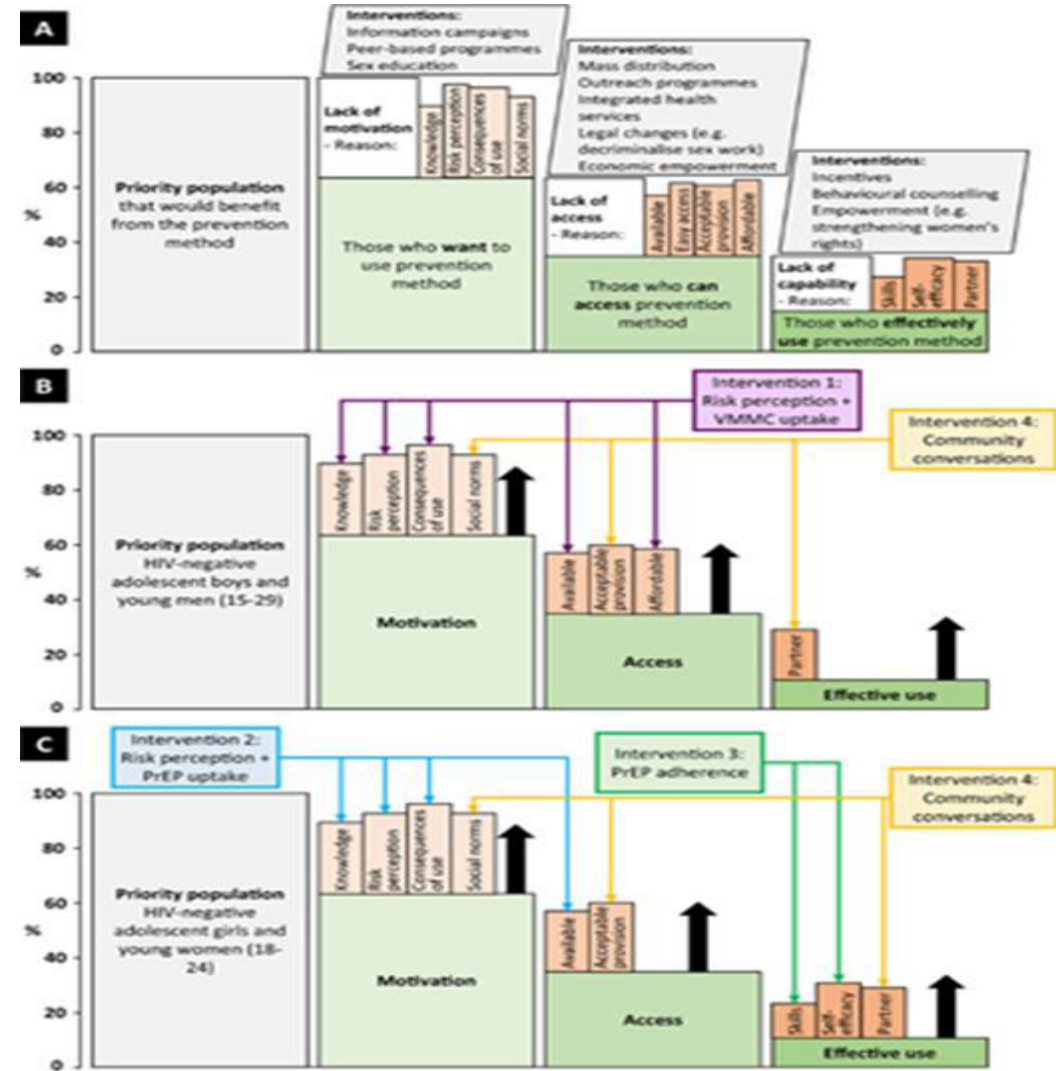


Figure 2 Modified ecological model for HIV risk in people who inject drugs.

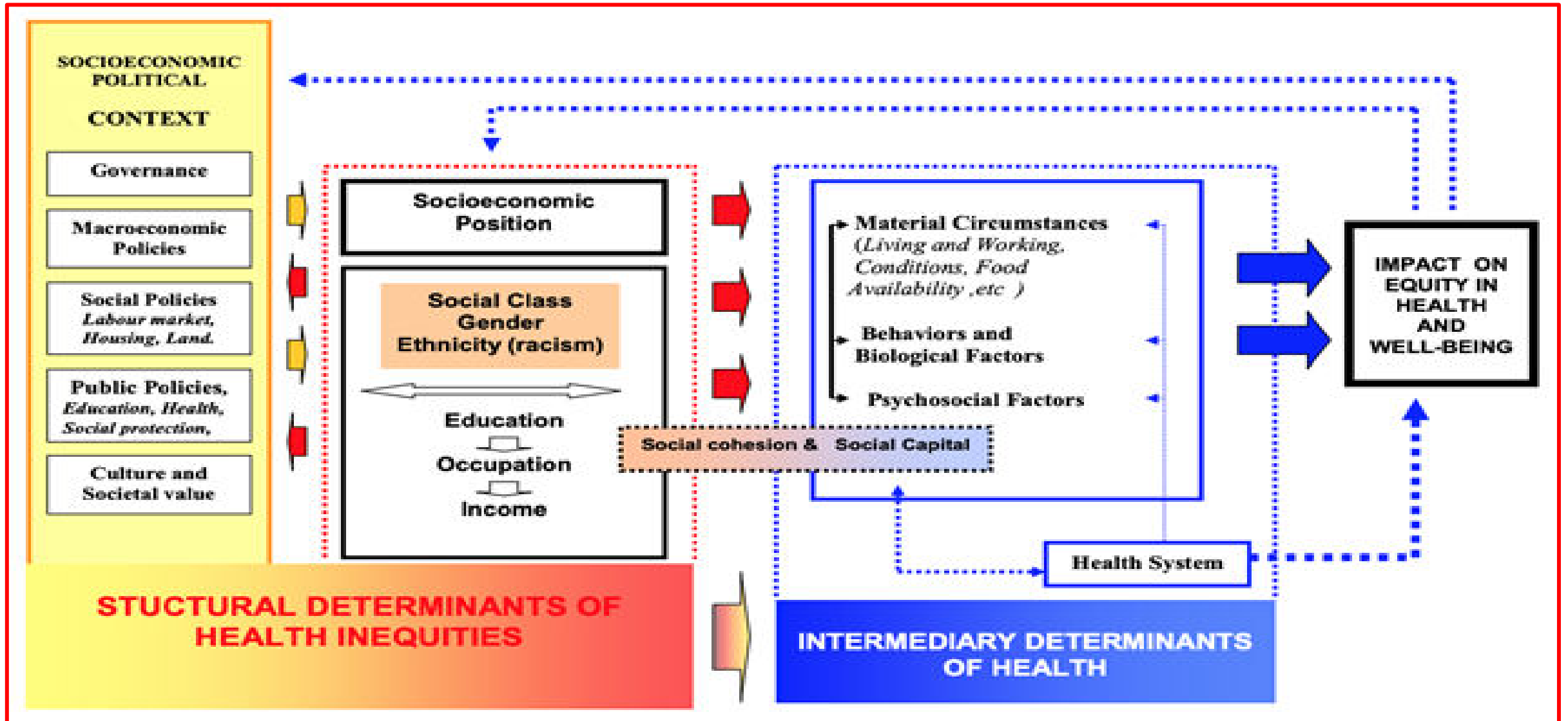
Baral et al., 2013



[Conceptual framework for action on SDH eng.pdf \(who.int\)](#)



Schaefer et al.



[ConceptualframeworkforactiononSDH\\_eng.pdf \(who.int\)](#)

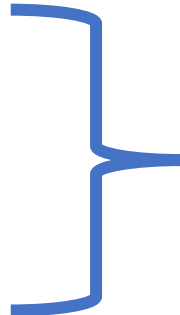
## Social Determinants of Health most relevant to HIV responses

### ❑ Underlying factors:

- Racism & xenophobia
- Sexism & misogyny
- Homophobia, transphobia, and cissexism
- Poverty & economic inequality

### ❑ Intermediate factors:

- Housing
- Education
- Employment
- Access to care



Poverty

❑ Relevant everywhere, but many challenges are concentrated in urban areas, such as housing.

❑ Cities also tend to have larger populations of those affected by these underlying factors

# There is research on interventions that touch on these issues:

## ❑ Syringe exchange programs and supervised consumption sites:

- these have been shown to reduce HIV transmission through drug use, which is related to many social determinants of health:
  - including poverty, socioeconomic opportunity more broadly, and underlying factors insofar as people facing marginalization are more likely to use injection drugs

## ❑ Education

- HIV knowledge and self-efficacy for risk reduction (e.g., Fonner et al., 2014)
- Broader issue of poor educational opportunity as a driver of HIV epidemics and disparities

# There is a paucity of research on interventions that touch on these issues:

Structural racism

Poverty

Education

- Broader issue of poor educational opportunity as a driver of HIV epidemics and disparities

Support provided for individuals initiating ART

- This has become a number's game

# Role Players





## Assessment of CD4 cell count at initiation of Antiretroviral Treatment when criteria was $\leq 350$ cells/mm<sup>3</sup> for starting treatment of antiretroviral therapy and in the “test and treat” era



|   | Cohort 1 (n=112)<br>Treatment initiation criteria:<br>CD4 cell count $\leq 350$ cells/mm <sup>3</sup> | Cohort 2<br>(n=129)<br>Test and Treat criteria |
|---|---|--|
| Black African                                     | 98.2%   | 94.6%  |
| Age (26-35years)                                  | 36.6%   | 51.9%  |
| Median CD4 cell count (IQR) cells/mm <sup>3</sup> | 170   | 243  |
| Opportunistic Infections:                         | 26.7%   | 27.9%  |
| Tuberculosis                                      |   |  |
| Viral Suppression (1-year after ART)              | 77.7%   | 81.4%  |

## Social Determinants of Health: Conclusion

- Yes, nobody can dispute the science: we have an excellent story to tell about the success of treatment for disease management and as prevention...

However, the question remains

- Is treatment going to see us through the issues of wealth and poverty and all factors of inequity that are responsible for longevity in some sectors of society and premature deaths in others?
- Are we going to treat our way out of Poverty?