Moving towards an equitable, sustainable response

Presenter: David Wright - City of Kingston
The First Decade: Miserable

• Between 1981 and 1991, CDC reported that over 748,000 persons were living with HIV and that there were 48,000 new infections in that year.

• Compared to 1981, that’s a 1780% increase in persons living with HIV and 243% increase in new infections.

• There was panic, stigma, inequity, discrimination, and violence.
The First Decade: Miserable (Cont’d)

- Institutions were established
  - PAAC (Fore-runner to IAPAC)
  - Commemorative Days
  - Trusts & Foundations Created
  - Funds & Research - Tests & ARVs
  - Red Ribbon
Communicable YET Not Affordable

- The “Highly Active Antiretroviral Treatment” (HAART) was announced in 1996. Even though it could reduce deaths by between 60-80%, it was unaffordable for most.
- It was not until 2001, that more equitable and affordable BULK access to ARV’s became the norm.
- Millions have the virus but ONLY thousands got immediate access.
- Deaths as a result of HIV/AIDS began to decrease in 2006–5 years later.
The NEXT Decade: Equitable & Sustainable

• We have learned more about Pandemics in the last decade than at any other point and the fact remains that prioritising the care of the people will always be a better response than prioritising the virus/disease.

• Communicable diseases disproportionately impact resource-constrained communities. It is disproportionate because of inequity. The VIRUS, the EPIDEMIC doesn’t have a bias or a preference. We do.
Evidence of Ability

• The Science has evolved, now our approach must evolve too.
  • 86% of people living with HIV know their status.
  • 76% are receiving treatment.
  • 71% virally surpassed.
• With consistent treatment, the virus has become undetectable.
Simple Things…

- Ability is not the issue. Sustainability & Equity
  - Increase access to prevention – to condoms and lube, to harm reduction and to PrEP.
  - End Stigma & Discrimination and Inequalities
  - Prioritise treatment and accessibility for vulnerable groups
  - Equitable Access, not Equal Access.
- Invest in cities where large percentage of PLHIV live and work to champion urban health strategy/response to improve health outcomes