

Moving towards an equitable, sustainable response

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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.



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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



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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 resourceconstrained communities. It is disproportionate because of inequity. The VIRUS, the EPIDEMIC doesn't have a bias or a preference. We do.



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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.



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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

