FAST-TRACK CITIES

19 municipalities have signed in Cameroon
34 municipalities have signed in Côte d’Ivoire
17 municipalities have signed in Honduras
3 municipalities have signed in Panama
15 municipalities have signed in Senegal
12 municipalities have signed in South Africa
2 municipalities have signed in Togo
51 municipalities have signed in Zambia
9 municipalities have signed in Spain
15 municipalities have signed in Sierra Leone
31 municipalities have signed in Brazil

FIGURE 1.5. CITIES AND MUNICIPALITIES THAT HAVE SIGNED ON TO THE 2014 PARIS DECLARATION ON ENDING THE AIDS EPIDEMIC, 2017

Cities are home to more than half of the world’s population and a large and growing proportion of people living with HIV, tuberculosis (TB) and other diseases (1). The risk of HIV and TB infection is often higher in urban compared to rural areas because of dynamics such as social networking, migration and socioeconomic inequalities. Cities also serve as hubs of innovation, community involvement and strong local leadership—all of which are inherent advantages in accelerating health responses.

At a historic meeting in Paris on World AIDS Day, 1 December 2014, UNAIDS, the City of Paris, the International Association of Providers of AIDS Care (IAPAC) and UN-Habitat joined 26 key cities from around the world to launch the 2014 Paris Declaration on ending the AIDS epidemic. To date, more than 200 cities and municipalities have signed the declaration, pledging their commitment to attaining the 90–90–90 targets by 2020, to addressing disparities in access to basic health and social services, social justice and economic opportunities, and to ending AIDS as a public health threat by 2030 (Figure 1.5).

Significant progress has been made, with at least two cities—Amsterdam and Melbourne—attaining the 90–90–90 targets, and others closing in on the targets.1 Mayors such as Anne Hidalgo of Paris are playing key leadership roles. The engagement of communities—including people living with HIV and their clinical and service providers—in decision-making processes has been critical to refocusing city AIDS plans. Strategic use of data has improved prioritization of resources and programmes to address gaps across the HIV care continuum. With support from UNAIDS, IAPAC and other partners, cities are adopting innovative approaches to reach and diagnose hard-to-reach populations, to optimize linkages to care and antiretroviral therapy initiation, and to support people living with HIV to suppress their viral loads.

While progress has been achieved in many cities, much more remains to be done. Stigma and discrimination, including in health-care settings, need to be addressed to break down barriers to accessing and utilizing HIV services, especially among key and vulnerable populations. Best practices and lessons learned by Fast-Track cities must be leveraged to inspire and encourage the many other cities facing similar challenges in their local AIDS responses. Case studies in this report highlight progress achieved in cities worldwide.

1 See the Fast-Track Cities Global Web Portal (available at http://www.fast-track-cities.org/).