Cities: the road to success in Ending the AIDS Epidemic
Case study on Nairobi

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BACKGROUND:
“UN POLITICAL DECLARATION ON ENDING AIDS AS A PUBLIC HEALTH THREAT BY 2030”

➢ Calling on countries to fast track their comprehensive HIV response, while protecting the human rights and dignity of all people affected by HIV

➢ As per UNAIDS Strategy with focus on subnational epidemics
FAST TRACK AIDS IN CITIES: WHY FOCUS ON CITIES AND URBAN SPACES?

- Increasing urbanization in all regions
- With social shifts, increased mobility, and inequality
CITIES ARE AT THE CENTRE OF ENDING THE GLOBAL AIDS EPIDEMIC

✓ 200 cities around the world face 1/4 of global HIV disease burden
✓ Transmission risk is often higher in urban areas
✓ In sub-Saharan Africa, about 1/2 of all people living with HIV reside in urban areas, particularly young people and key populations
CITIES ARE WELL-PLACED FOR EFFECTIVE ACTION TO END AIDS

Characteristics of cities:

➢ Powerful engines of economic growth
➢ Regulatory powers
➢ Excellence in learning, creativity and innovation
➢ Better health systems and infrastructure
➢ More social and political tolerance

Top 600 Cities represent >60% of global GDP

Source: United Nations, Department of Economic and Social Affairs, Population Division: World Urbanization Prospects, the 2009 Revision. New York 2010
PARIS DECLARATION AND COMMITMENTS
1 DECEMBER 2014

Key Commitments

➢ End the AIDS epidemic in cities by 2030
➢ Put people at the center of everything we do
➢ Address the causes of risk, vulnerability, transmission
➢ Use our AIDS response for positive social transformation
➢ Build and accelerate an appropriate response to local needs
NAIROBI COUNTY: ONE OF FIRST SIGNATORIES WITH SUBSTANTIVE HIV BURDEN

Population Nairobi County, 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (50%)</td>
<td>2,288,823</td>
</tr>
<tr>
<td>Female (50%)</td>
<td>2,372,080</td>
</tr>
<tr>
<td>Children below 15 years</td>
<td>1,600,208</td>
</tr>
<tr>
<td>Youth aged 15-24 years</td>
<td>836,593</td>
</tr>
</tbody>
</table>

People Living with HIV, 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (50%)</td>
<td>73,579 (4.7%)</td>
</tr>
<tr>
<td>Female (50%)</td>
<td>117,414 (7.5%)</td>
</tr>
<tr>
<td>Children below 15 years</td>
<td>8,137</td>
</tr>
<tr>
<td>Youth aged 15-24 years</td>
<td>24,918</td>
</tr>
</tbody>
</table>

79–99–92 treatment targets 2017
New HIV infections by subcounty, with overlay of health facilities, 2017

- 7159 new HIV infections
- 46% among adolescents and young people
- 33% among key populations
- Mostly in 4 sub-counties
FACILITY-BASED QUALITATIVE ANALYSIS FOR TAILORED INTERVENTIONS

- Determining informal settlements with high HIV burden among adolescents and young people (AYP) and key populations (KPs)
- Qualitative analysis of service delivery for unmet HIV service needs and quality of services
- Active engagement of AYP and KP
  - in revision of national Adolescents Package of Care for health workers
  - in training of health care workers
Strategic opportunities: local initiatives and partnerships
LESSONS LEARNED

- Baseline assessment of service delivery critical for identification of gaps and to inform improvements.
- Important to involve community and affected populations in training and implementation.
- Partnerships and coordination of response critical (community, technical, financial).
- Training of health care workers had a significant impact on the quality of service delivery for key populations.
THANK YOU

HIV prevalence in different populations in selected cities from year 1 of the project

Source: Cities ending the AIDS epidemic. Geneva: UNAIDS; 2016; Unpublished City fact sheets (see Section 5); and data from UNAIDS country offices.
Treatment cascade relative to the number of people living with HIV for selected cities (baseline)

Source: Unpublished City fact sheets (see Section 5); and data from UNAIDS country offices.