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High-Level Meeting on AIDS

END INEQUALITIES. END AIDS.

REGAINING MOMENTUM BY REDUCING INEQUALITIES IN URBAN HIV RESPONSES

REMARKS BY WINNIE BYANYIMA
UNAIDS EXECUTIVE DIRECTOR

HLM SIDE EVENT
10 JUNE 2021

#HLM2021AIDS



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THE 90–90–90 TARGETS AND ARE GETTING CLOSER
TO ACHIEVING ZERO NEW HIV INFECTIONS AND
ZERO AIDS-RELATED DEATHS.



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Honourable Mayors, distinguished speakers, dear colleagues,

It is an honour to join urban leaders and representatives in this event and to reflect on the important role of cities in public health crises.

Let me start by thanking:

- The mayors of Baton Rouge, Johannesburg, Kyiv, and Quezon City for their contributions, reflections and rich discussion during this session; and for their commitment and leadership in the HIV responses in your cities;
- Sibongile Tshabalala for highlighting the critical role of communities in all our efforts to end AIDS;
- and the core Fast-Track Cities partners—UN-Habitat—Maimunah Mohd Sharif, the City of Paris—Mayor Anne Hidalgo, and IAPAC—José Zuniga—for supporting this event and for ensuring sustained momentum in urban HIV responses.


I want to congratulate city leaders and stakeholders on the important progress in accelerating urban HIV responses in recent years.

Several cities have achieved and surpassed the 90–90–90 targets and are getting closer to achieving zero new HIV infections and zero AIDS-related deaths. This is positive news.

The city of London has gone beyond 95–95–95; in Kyiv, the number of people who know their status and are on ART rose from less than 50% in 2015 to 83% in 2019, and 95% of those are virally suppressed; and Kigali's HIV treatment cascade is 91–94–89.

Across the network of 350-plus Fast-Track Cities, local stakeholders are actively engaged in efforts to eliminate stigma, end inequalities, decrease social marginalization, and address the social determinants of health.

Programme data from 2020 show that many cities and municipalities managed to mitigate the impact of the COVID-19 pandemic on HIV service delivery and that drops in treatment and prevention cascades were less severe than we had first predicted.



But AIDS is unfinished business and global targets for 2020 were not achieved. COVID-19 has placed additional pressures on HIV responses, on health systems and people in need of services.

Through an inclusive process, UNAIDS and our partners have developed the Global AIDS Strategy (2021–2026) which is going to help the world to get back on track to end AIDS as a public health threat by 2030. The Strategy aims to end the inequalities that drive the AIDS pandemic, and to put people and communities at the centre of the HIV response.

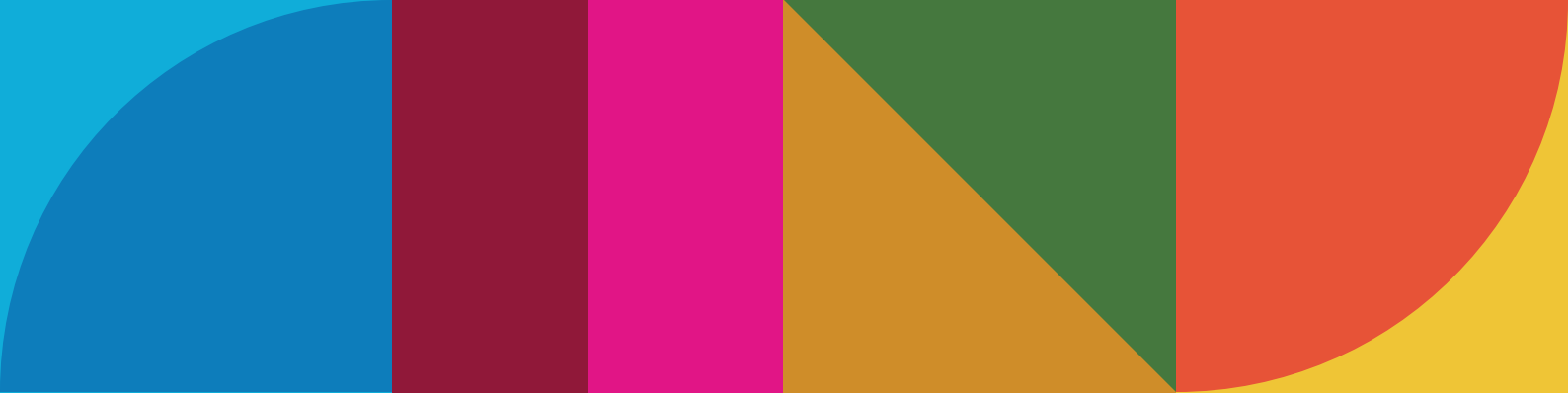
Ambitious new targets for 2025 have been included in the new Strategy and these were adopted in the Political Declaration. These targets call for comprehensive HIV treatment and prevention services, for people-centred, context-specific service integration, and for the removal of societal and legal impediments to an enabling environment for HIV services.

By achieving these we have a chance to reduce the global number of people newly infected with HIV from 1.5 million in 2020 to 370 000 by 2025, and the number of people dying from AIDS-related illnesses from 690 000 in 2020 to 250 000 in 2025.

Achieving these targets will require urgent and transformative action to end inequalities, and increased investment in HIV, health, social protection, humanitarian responses and pandemic preparedness.

While the global HIV response has historically focused on national governments as the key driver of public sector action to address HIV, the new Strategy acknowledges the critical role that cities play in the HIV response. It emphasizes the need to focus on cities as essential partners and change agents in the HIV response.

We urge cities to play a leading role in reaching the new targets, by closing the programmatic gaps, addressing issues of rights, social exclusion, risks and vulnerabilities, while using the AIDS response as a pathfinder to address medical, social, environmental and other challenges.



As we rethink pandemic preparedness and response in the wake of the COVID-19 pandemic, we can draw on the lessons we have learned, and the public health leadership that we have witnessed from urban leaders.

I want to conclude with a call to action for cities and municipalities around the world to regain momentum in the urban HIV response, to exercise public health leadership to achieve the 2025 targets, to end inequalities and social exclusion, and to end AIDS as a public health threat by 2030. Let's keep the fight on!

Thank you.

