# Global principles in constructing urban HIV responses

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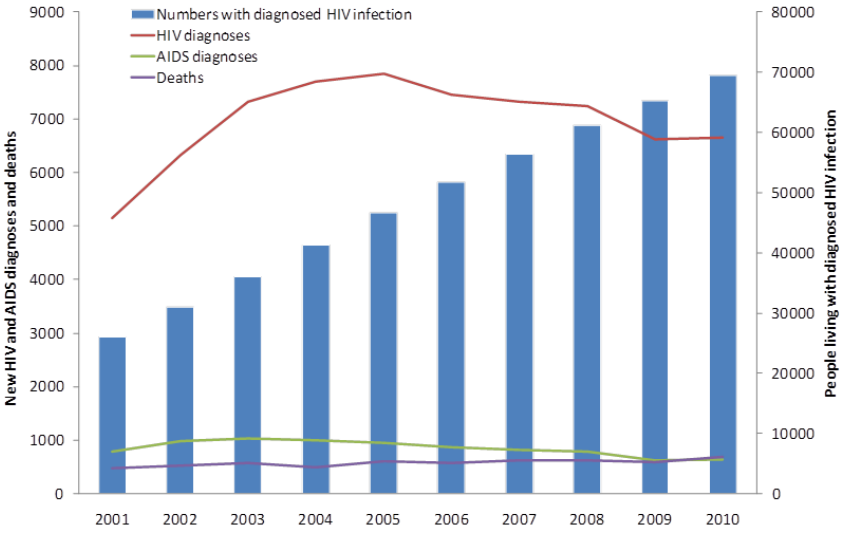
# The scale of the health challenge

- Sustained levels of new HIV infections across the globe
- Significant avoidable transmission is creating significant avoidable morbidity (and mortality in many nations)
- Sustained HIV demand and cost pressures on health systems
- Between 20% & 30% of HIV is undiagnosed, driving HIV transmission
- Cities are key drivers of the global epidemic due to population concentration and demography

# The scale of the health challenge in two nations

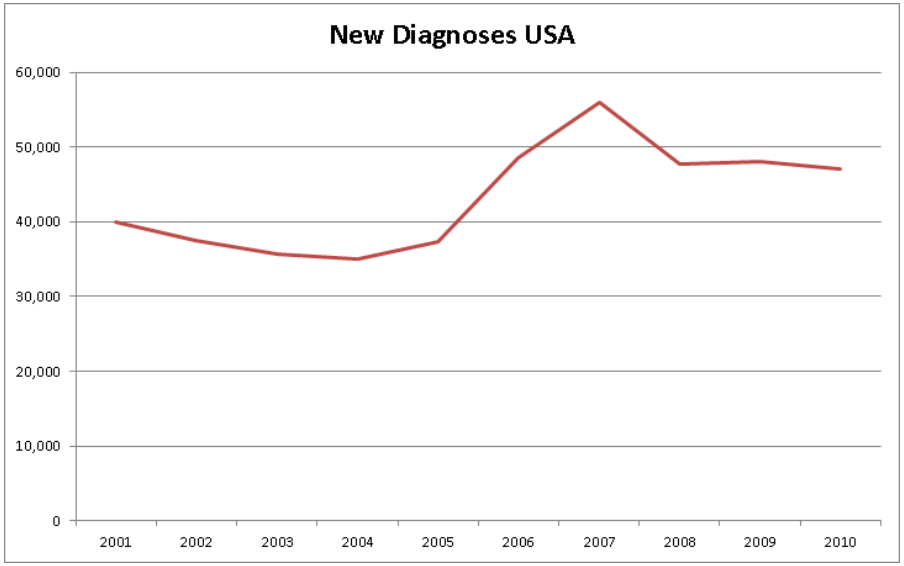
## UK




UK HIV TRENDS

Health Protection Agency: 2001-2010 figures

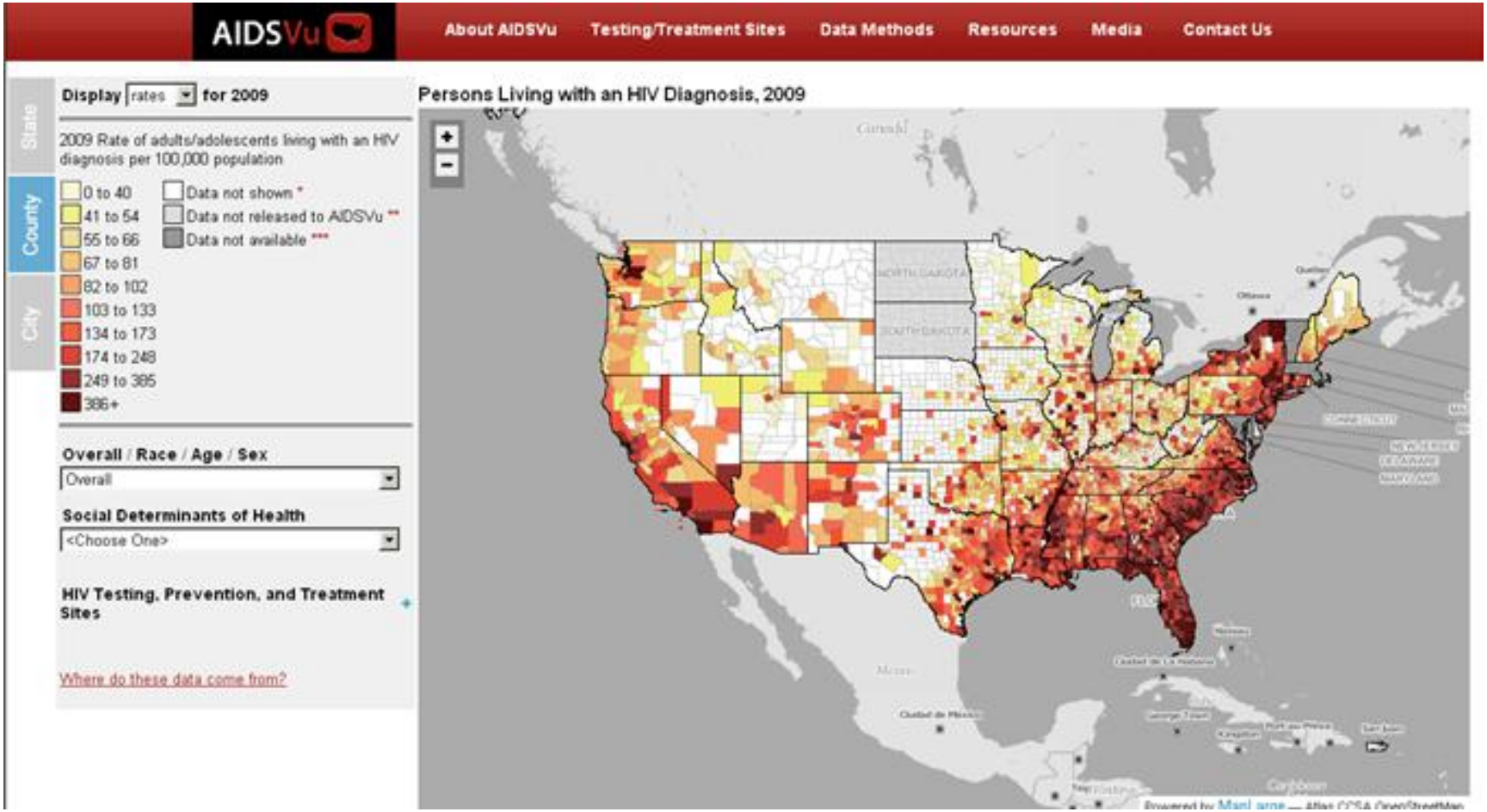
## USA



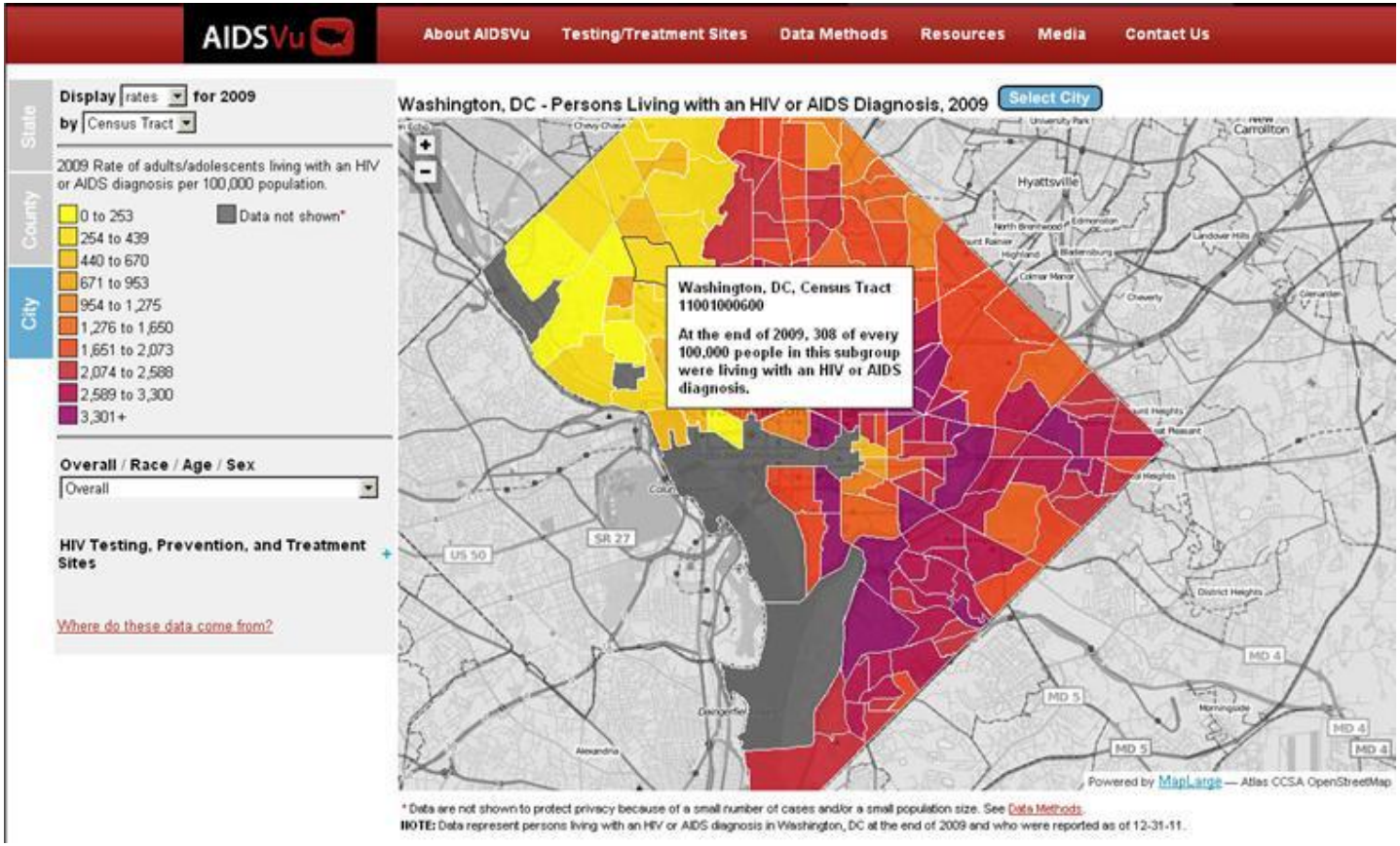

US HIV TRENDS

**CDC figures for new diagnoses in United States 2001-10**

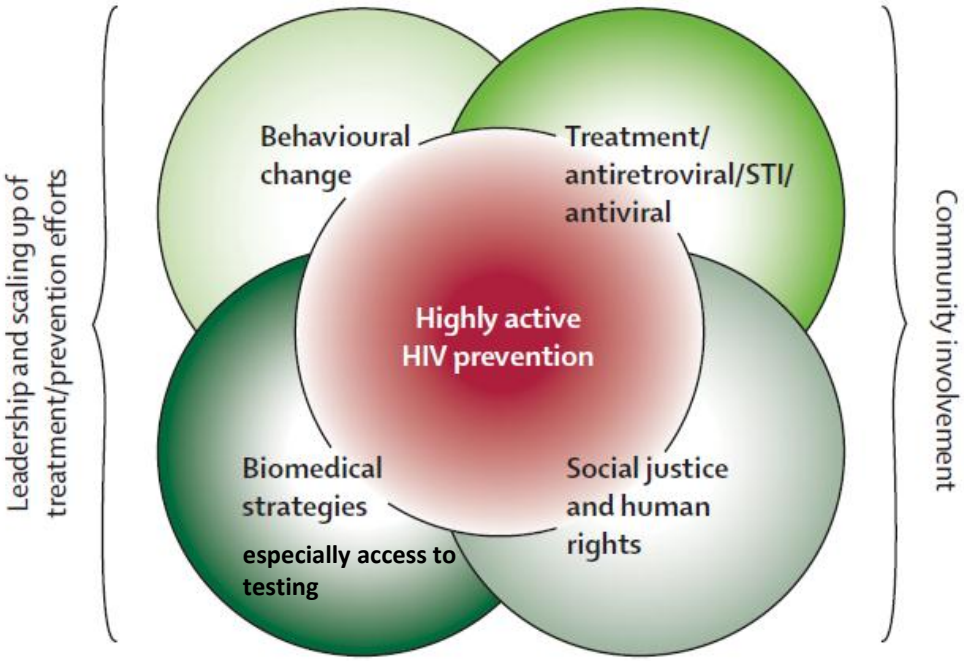
# The scale of the urban challenge



# The scale of the urban challenge: Washington



# The evidence base



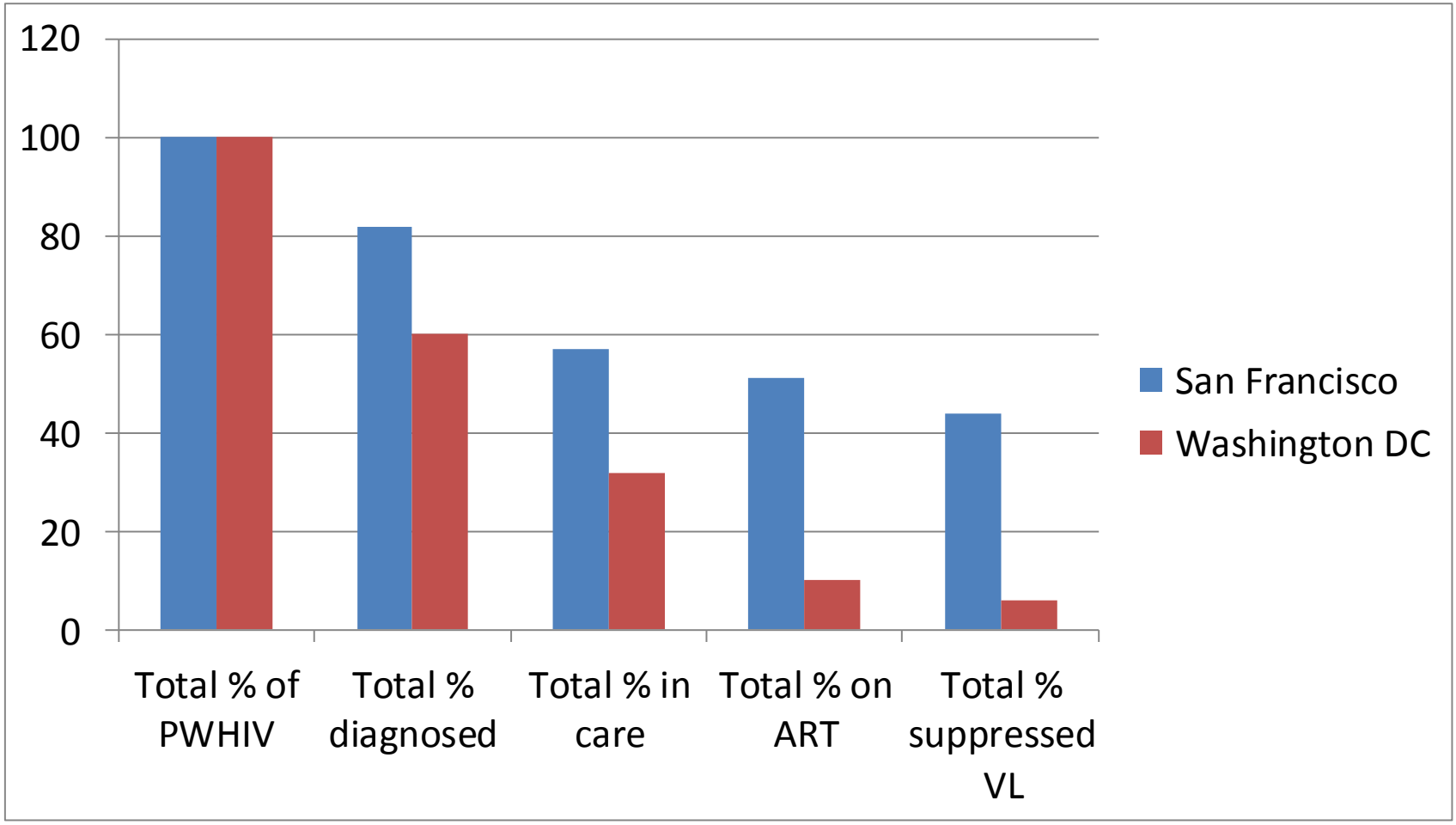
# The evidence base – legal & human rights prerequisites

- Laws to enable HIV Prevention, e.g. legislation of gay sex, sex work, harm reduction
- Laws which support HIV testing through combating stigma and discrimination, e.g. anti-discrimination/human rights legislation
- Legal frameworks which enable access to HIV treatment, e.g. access to health care
- Policy frameworks which enable adoption of best practice, e.g. Needle Exchange, condom distribution
- Optimisation of alignment of national, State and city legal powers

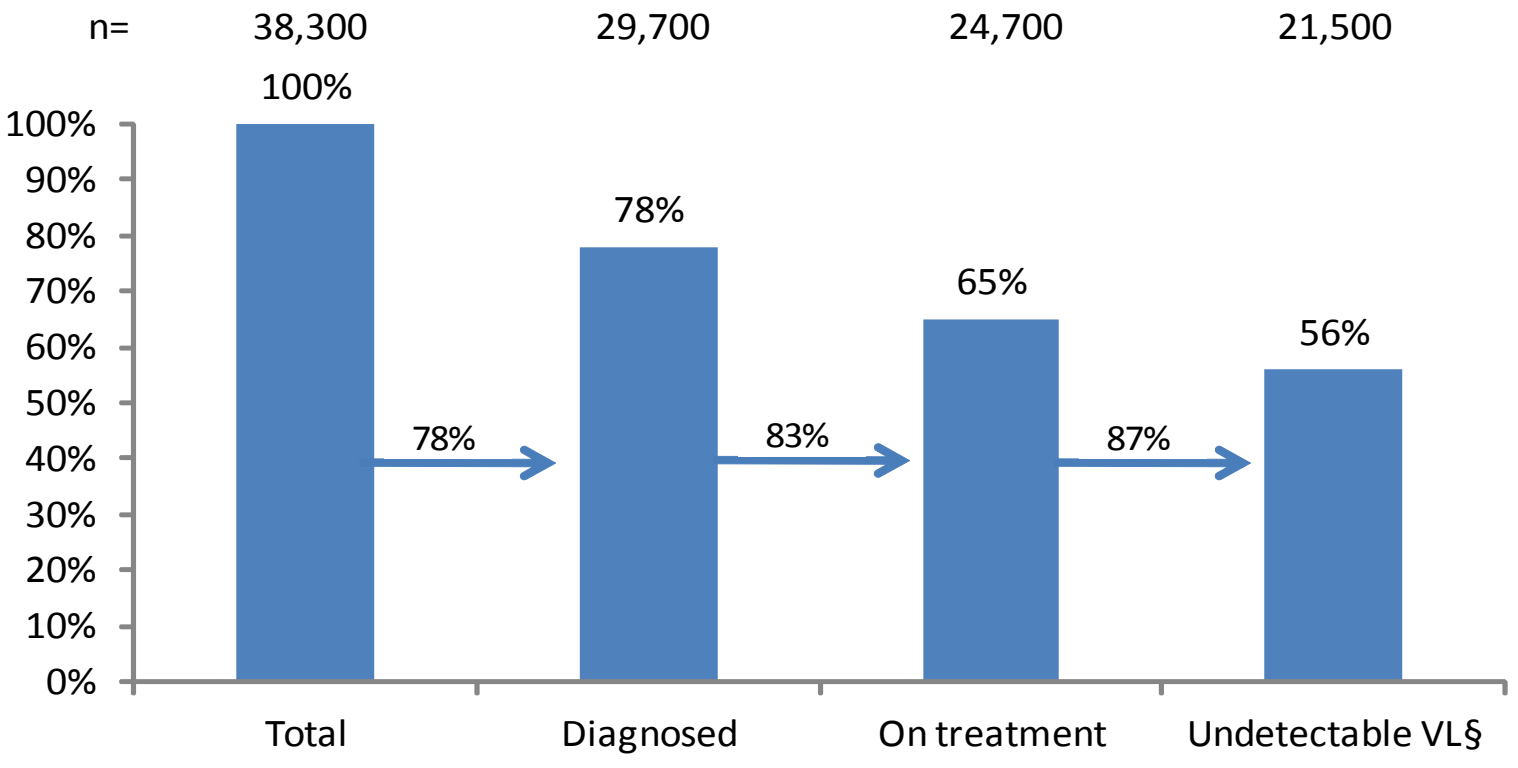
# The evidence base – pre requisites for an effective urban HIV response

- Access to accurate information which both informs and reinforces social norms
- Access to & uptake of behavioural interventions to reduce likelihood of risk behaviour
- Access to & uptake of HIV testing to reduce HIV transmission
- Access to, & uptake of HIV treatment to reduce infectivity of those diagnosed with HIV
- Retention in HIV treatment to sustain this reduction
- Emergence in US of TLC Plus (Treatment Linked to Care) model– test, care, treat, support

# US Urban Responses: San Francisco / Washington DC

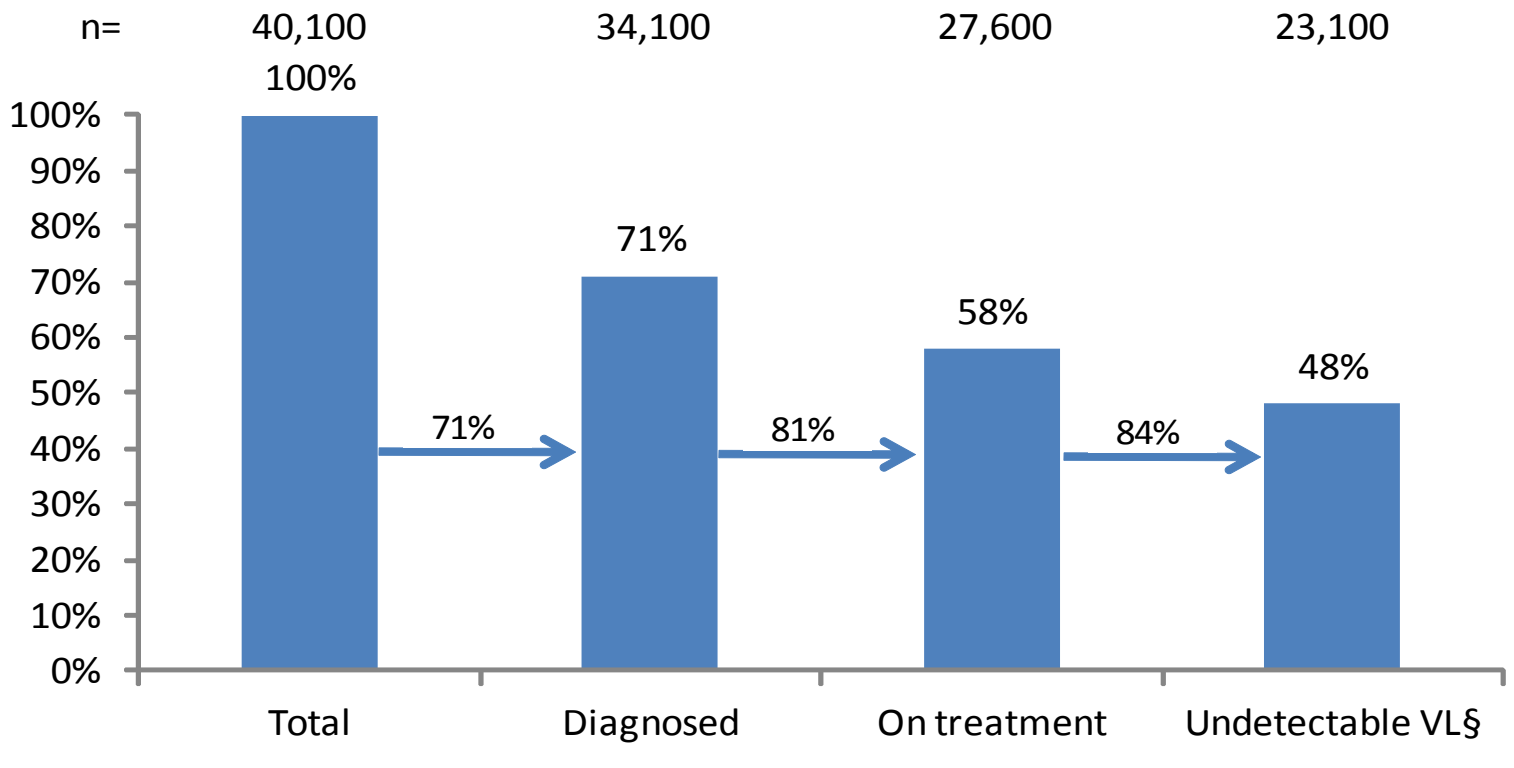


# UK Urban Responses: London




* Numbers were adjusted by missing information and rounded to the nearest 100.
§ Viral load <50 copies/ml after HIV treatment initiation in the year of initiation.

# UK Urban Responses: England outside London




* Numbers were adjusted by missing information and rounded to the nearest 100.
§ Viral load <50 copies/ml after HIV treatment initiation in the year of initiation.

# Differences in urban responses

US

- Larger city wide disparities than between cities in UK
- Some cities have lower levels of undiagnosed HIV than in UK
- Better developed HIV testing services, esp. in Primary, & Comm. settings
- Challenges of access to & retention in care due to US Health system
- Use of incentives
- Use of HIV testing as access route to key health services

UK

- Real challenges experienced in reducing undiagnosed HIV in many cities, reflecting commissioning practice and limitations of UK primary care system
- Significantly higher levels of PWHIV on treatment than in US
- Higher levels of viral suppression than in US
- Real success with IDU Harm Reduction work, including Needle Exchange & Methadone Maintenance, and avoidance of abstinence

# Comparison in urban responses – US & UK

- Different levels & styles of urban leadership, between nations and between cities
  - US greater level of co ordinated civic response & leadership than in UK
  - US greater level of innovation in HIV response & higher political priority overall
  - UK greater conformity & less variation of approach between cities
  - Benefits of UK socialised health system to enable treatment in retention of diagnosed

# Key principles in effective urban HIV responses – service framework

- Availability of HIV Prevention information & SRE
- Comprehensive approach to evidence based risk behaviour change
- Centrality of comprehensive HIV testing programmes across community, primary health & secondary health settings
- Fully engaged community response in
  - tackling risk behaviour
  - adopting regular testing
  - delivering community based services
- Provision of fully accessible, evidence based HIV treatment and care services, with high level of retention in care
- Access for PWHIV to ongoing social & LTCM support

# Key principles in effective urban HIV responses – delivery framework

- Urban, city wide leadership, at political and officer level
- Active community involvement holding civic leaders to account
- Clear and widely owned strategy for local urban HIV response, establishing urban service framework
- Resourcing the scale up of each part of service framework
- Operation of effective surveillance and data reporting system
- Robust monitoring & focus on continual improvement by comparing local performance with other cities, and nationally

# Overcoming challenges in delivery

- Routine “opt out” testing to be a reality across health care, in high prevalence urban areas, regardless of health system
- HIV testing work to be self sustaining, not dependent on isolated funding initiatives
- Securing urban civic leadership at a time of competing demands on City leaders’ attention
- Urban resourcing at a time of significant funding pressure
- Sufficient health system resourcing for HIV treatment & care
- Making the economic case in those health systems where no financial incentive exists to reduce HIV transmission

# Conclusion

- The comparison of just 4 cities shows it is possible to achieve each of the steps needed for an effective HIV response
- None of these cities has yet achieved all of these, however San Francisco appears to be closest
- Urban leaders need to critically appraise and address local strengths and weaknesses, in developing city wide responses
- Effective urban responses also require a supportive national approach through enabling laws & policy frameworks
- Above all – Urban leaders need to increase priority for HIV Programmes