

SPEECH

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HIV in cities of the 21st century: How the urban response to HIV can keep cities healthy

Your Excellencies, distinguished participants, citizens.

At the end of the 18th century, a British economist named Thomas Malthus predicted that population growth would be an obstacle to human development, and would even lead to crisis.¹

But that was almost 200 years ago, when London was the largest city in the world. Today, things have changed, and the world's great megacities—from Mumbai, to Rio, to here in Shanghai—are the drivers of national development and health.

Over the past 100 days, Shanghai has hosted some 40 million visitors to EXPO 2010. This is a mega-achievement. On behalf of UNAIDS, I want to congratulate the City of Shanghai for hosting this extraordinary EXPO and this international forum on cities and health.

I also want to recognize and thank the Government of China for lifting the HIV travel restrictions on the eve of the EXPO. With this decision, China has welcomed people from all over the world, without prejudice or stigma. For the 51 countries that still maintain HIV travel restrictions, China's bold and timely move is an act to follow.²

The growth of cities in the 21st century is a challenge us all. Today, half of the world's population is living in cities, and by 2050 it is estimated that nearly 7 out of every 10 global citizens will be living in a megacity of more than 10 million people.³

This rapid growth creates conditions where HIV can thrive. Globally, we estimate that up to 50% of people living with HIV are living in cities.⁴ In some of these urban areas, the HIV epidemic is so large that it is comparable to the national epidemics of whole countries.

The city of Durban in South Africa, for example, is home to some 740,000 people living with HIV—the same as the total number of people living with HIV in all of China.

These cities are epicentres because they are attractive to people, they are dynamic and they are home to populations most at risk of HIV infection: migrants, men who have sex with men, sex workers and people who inject drugs.

If neglected, these epidemics will flourish and grow, and AIDS will likely exacerbate existing city problems related to poverty, homelessness, safety and lack of social cohesion.

While it is clear that cities are important to the HIV response, they have not been sufficiently mobilized and supported to act. I believe that it is time for this to change, and for cities to take the lead in making HIV history.

City governments have influence with their citizens. They have resources, administrative power and well-established systems for delivering social services.

If cities can mobilize these resources, they can be the best nexus for forging new partnerships between civil society, local and national government to achieve universal access to HIV services for prevention, treatment, care and support.

But only a few cities have shown such bold leadership, and acted in time. For example, in the early 1990s, the HIV prevalence among sex workers in Bangkok had reached 18% when the city government took bold action. The resulting campaign for 100% condom use was a massive success in reversing the HIV epidemic.

Today, the HIV prevalence among brothel-based sex workers in Bangkok is less than 3% and falling.⁵ The chain of HIV transmission from sex workers to clients to partners has been broken, saving millions of dollars in avoided costs for HIV treatment and hospitalization.

This success was driven by city authorities, working in close partnership with the police, health providers, entertainment industry owners and managers, and most importantly with NGOs and sex workers themselves.

This action also preserved Bangkok's reputation as a safe and healthy destination for business and tourism.

Few people want to acknowledge and work with people who face the challenges of drug addiction. But cities like Sydney, Toronto and Geneva have moved boldly to ensure that injecting drug use did not lead to an explosion in HIV transmission. By implementing cost-effective needle exchange and opiate substitution therapy programmes, these cities stemmed the tide of new infections.

China is also providing leadership on this front. China's work in up-scaling methadone maintenance treatment and needle exchange programmes in large cities is key to halting the epidemic among injecting drug users. I encourage China to continue to expand these programmes—particularly at the community level—and to reconsider whether drug detention centres are really effective as part of a national strategy to prevent HIV transmission.

The health of our cities is not only determined by the behaviour of vulnerable populations. Three larger factors—migration, demographics and economic development—are shaping the cities of the future.

First, many of you are well aware of the considerable impact of migrant workers on urban development and health. Short-term labour migration, often from rural areas, has been a

major factor fuelling the rapid growth of the world's megacities. This is especially true here in China, with its estimated 250 million migrant workers.

Far from their homes, migrant workers are vulnerable to HIV. However, well-designed HIV prevention programmes for migrant workers can protect them from HIV infection and help them to access the city's health and social services.

Second, one-quarter of the world's population are young people—over 1.2 billion—and an increasing proportion of them are moving to the cities to fulfil their life dreams. Urban services need to respond to this reality and better respond to young people's needs. Too often, young people are considered to be only passive beneficiaries of health, education and social services. However, the HIV response is showing that when young people are empowered with HIV information and life skills, they become the leaders of the HIV prevention revolution.

In the 15 countries most affected by AIDS, all in sub-Saharan Africa, the rate of new HIV infections among young people has dropped by more than 25%. This has happened because young people there are delaying sex, using condoms and choosing to have fewer sexual partners. Young people have proved that when they are equipped with the knowledge, skills, services and support, they can and do adopt safer behaviours.⁶

Cities should be at the forefront of supporting this prevention revolution for young people, empowering them to make decisions about their own health and education.

Third, cities are the nexus for economic growth and development. But economic development is a hollow achievement if it does not bring greater health for all.

Employers in large cities should integrate HIV into their healthy workplace programmes. Health promotion can save millions of Yuan in preventing HIV transmission, and treatment programmes can ensure that workers living with HIV remain healthy and productive.

At the International AIDS Conference in Vienna last month, I announced UNAIDS' vision—a vision of zero new infections, zero discrimination and zero AIDS related deaths. This, and nothing less, must be our goal if we want to ensure that cities of the 21st century develop as healthy, productive and safe places to live.

Today I am calling for all cities to be HIV-free zones by 2015.

Today I encourage the cities of China to take the lead to re-invigorate localized AIDS responses, most urgently among most-at-risk populations of men who have sex with men, migrant workers, sex workers and drug users.

And further, I am calling upon Shanghai to build upon the momentum of Expo 2010 to unite and mobilise the megacities of the world to also commit to being HIV-free zones by 2015. This act would transform the HIV response, would help the world deliver on its MDG commitments and would touch the lives of hundreds of millions of our citizens.

This would be a great legacy of EXPO 2010, giving a whole new meaning to the EXPO slogan, "Better City, Better Life."

I thank you.

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UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.

¹ Malthus, Thomas Robert, *An Essay on the Principle of Population*. 1826. Library of Economics and Liberty. 10 August 2010. <http://www.econlib.org/library/Malthus/malPlong.html>.

² UNAIDS Outlook Report 2010. Geneva, UNAIDS, 2010.

³ *State of the World's Cities 2008/2009 - Harmonious Cities*. Nairobi, UN-HABITAT, 2008.

⁵ UNGASS Country Progress Report Thailand, January 2008- December 2009. National AIDS Prevention and Alleviation Committee, April 2010.

⁶ UNAIDS Outlook Report 2010. Geneva, UNAIDS, 2010.