



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

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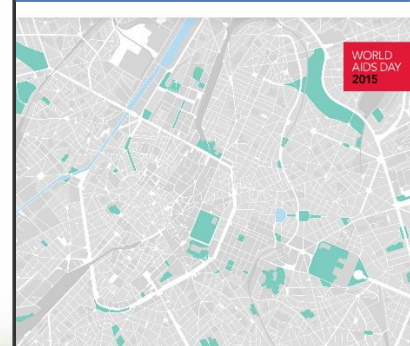
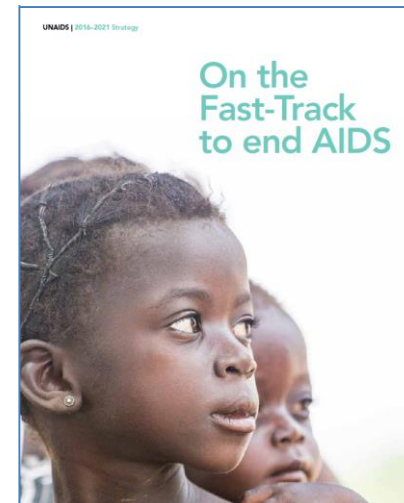
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BACKGROUND: “UN POLITICAL DECLARATION ON ENDING AIDS AS A PUBLIC HEALTH THREAT BY 2030”

➤ 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



On the Fast-Track to end AIDS by 2030

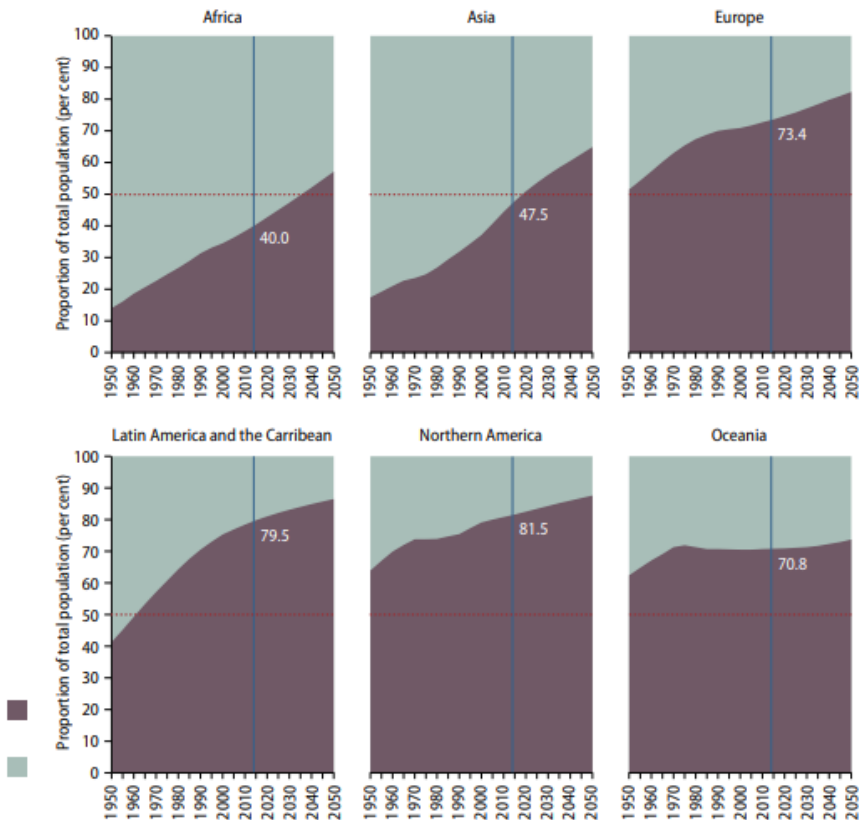
**Focus on
location and
population**

ISSUE

FAST TRACK AIDS IN CITIES: WHY FOCUS ON CITIES AND URBAN SPACES?

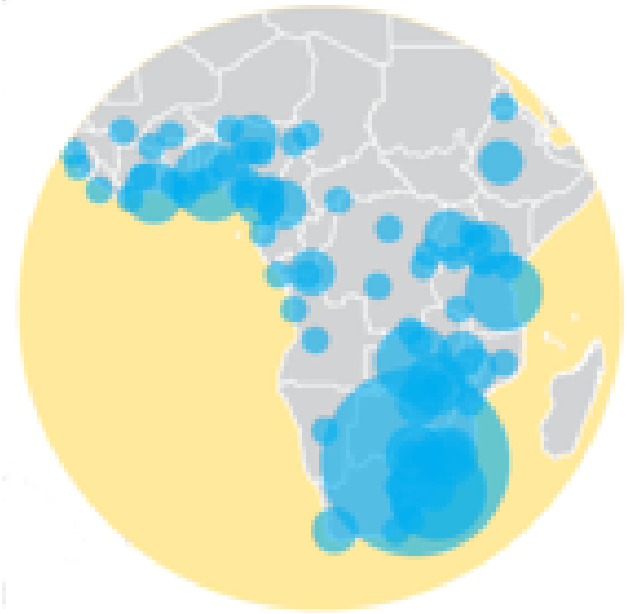
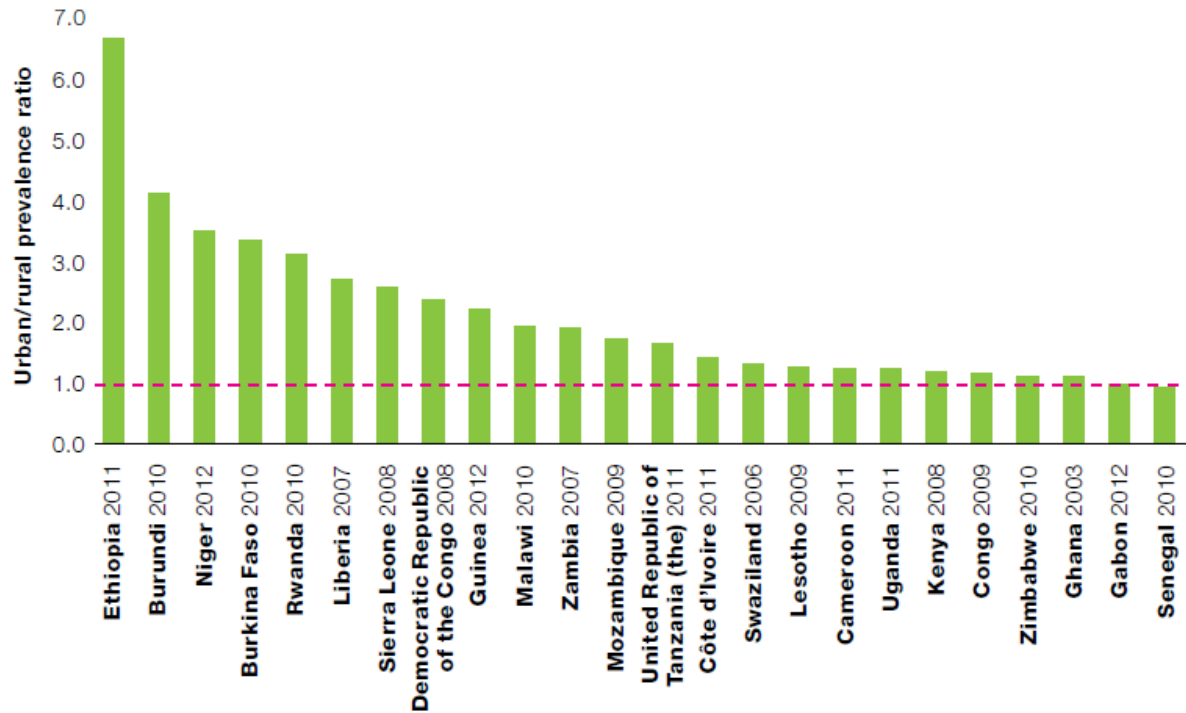
➤ Increasing urbanization in all regions

➤ With social shifts, increased mobility, and inequality

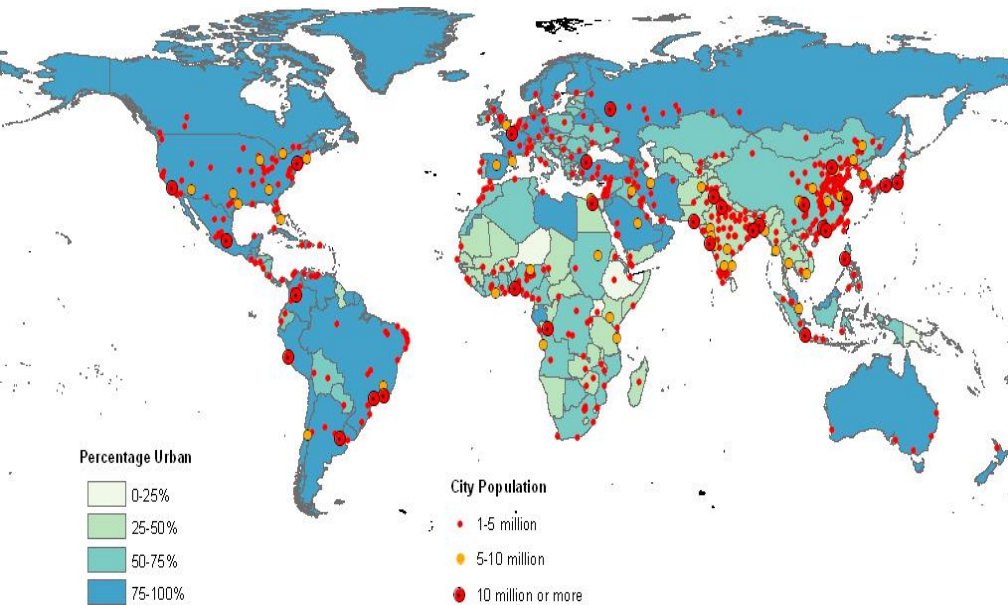


CITIES ARE AT THE CENTRE OF ENDING THE GLOBAL AIDS EPIDEMIC

- ✓ 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



**Top 600 Cities represent
>60% of global GDP**

Characteristics of cities:

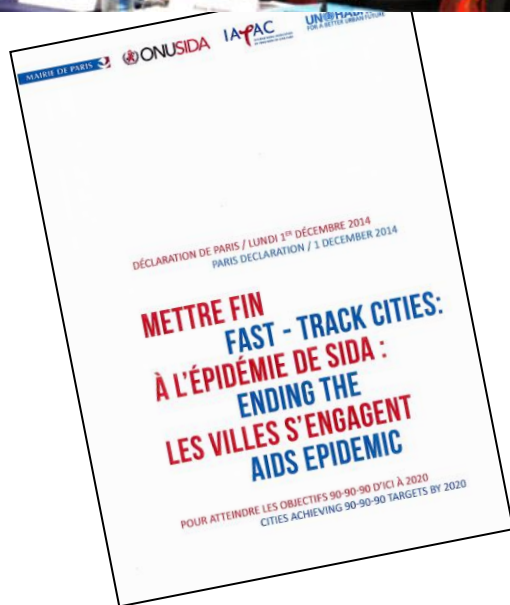
- Powerful engines of economic growth
- Regulatory powers
- Excellence in learning, creativity and innovation
- Better health systems and infrastructure
- More social and political tolerance

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

MAIRIE DE PARIS 



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



Total Population
4,660,903



Male (50%)
2,288,823



Female (50%)
2,372,080



Children below 15 years (42%)
1,600,208



Youth aged 15-24 years (21%)
836,593

People Living with HIV, 2017



Total Population
190,993 (6,1%)



Male (50%)
73,579 (4,7%)



Female (50%)
117,414 (7,5%)



Children below 15 years (42%)
8,137



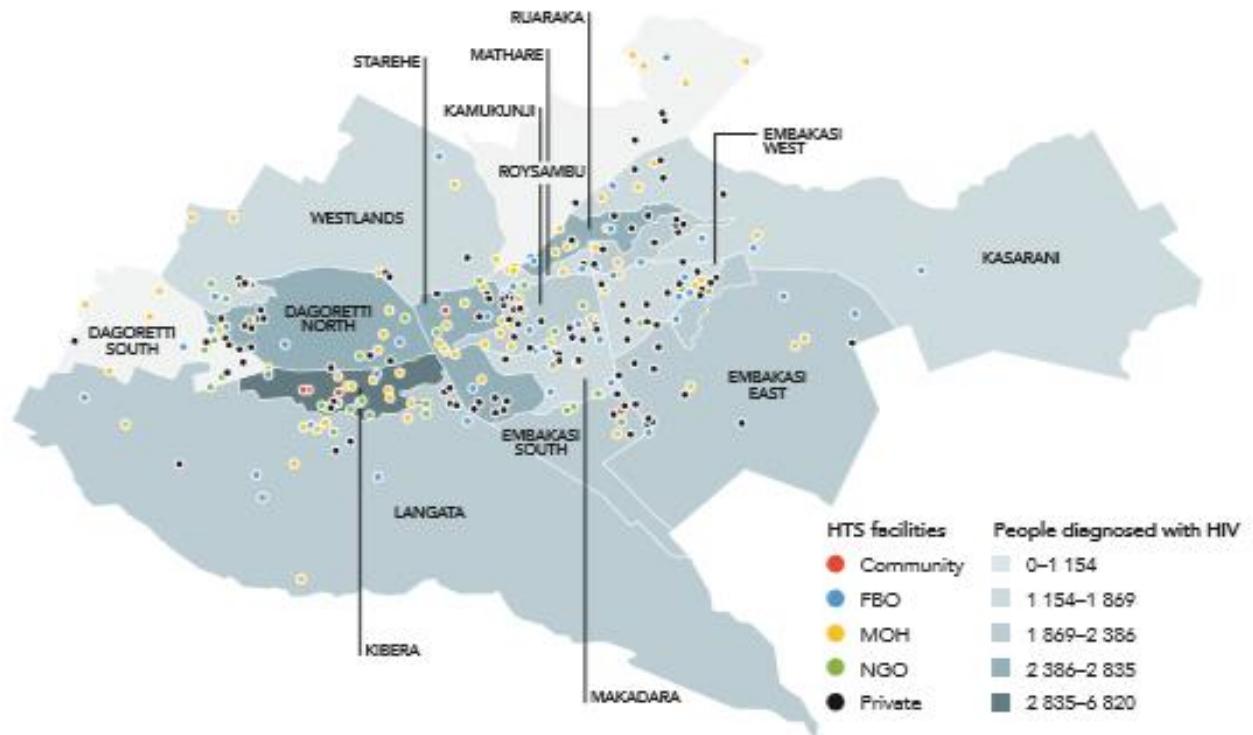
Youth aged 15-24 years (21%)
24,918

79-99-92
treatment targets
2017

POPULATION/LOCATION FOCUS TO ANALYZE PROGRAMMATIC GAPS

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

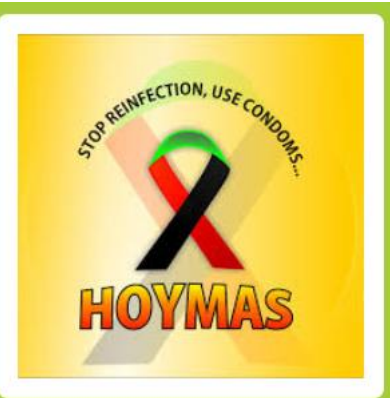


FACILITY-BASED QUALITATIVE ANALYSIS FOR TAILORED INTERVENTIONS

- 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

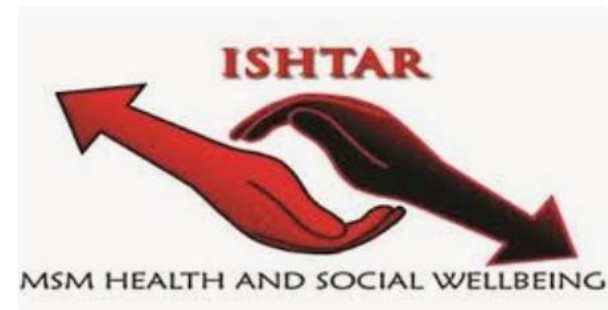


Strategic opportunities: local initiatives and partnerships



Health options for young men on Aids/Sti's

[f](#) [t](#) [in](#) [YouTube](#)



NAIROBI

FEATURES OF THE CITY

EPIDEMIC

Number of people living with HIV	315,000
HIV prevalence	3%
HIV burden in city	33%
Percentage of people living with HIV who are women	65%
Percentage of people living with HIV who are young people	33%

Source: UNAIDS/WHO

World Bank target: **79-99-92**

PROGRESS - GOOD PRACTICES

- Significant progress in 2010-12
- Improved data on epidemics and responses
 - Conducted first collection led to the identification of priority locations and populations, and led to several interventions
 - County profiles produced on regular basis
 - Expanded data review meetings institutionalized
- Qualitative assessment of service delivery in different sub-locations conducted to assess quality and key gaps
- Service providers (SPs) trained in provision of Novartis services for key populations and young people, with active participation of affected populations, leading to:
 - Multiple changes among health care workers
 - Improved service delivery for young people and key populations
 - Increased number of sites providing services for young people and key populations
 - Increased client access and uptake among young people and key populations
- Additional package of case management developed for health care workers
 - 10 health care workers trained as 2 sub-locations
 - Referring national coordinator
- Adolescent and young people (AYP) framework developed and being validated
- PEP rolled out in 10 facilities
- Coordinating committee in place to oversee progress and planning

OBJECTIVES

- Strengthen HIV services for key populations and adolescents in high burden sub-locations
- Provide PEP in all 17 sub-locations in the city
- Develop the AYP SPH framework for adolescents and young people
- Strengthen sites for service delivery



LESSONS LEARNED

- Baseline assessment of service delivery critical for identification of gaps and to inform interventions
- Important to involve community and affected populations in planning and implementation
- Stakeholder and coordination of responses (community, technical, financial)
- Training of health care workers had a significant impact on the quality of service delivery for key populations



Nairobi Poster recent London Conference on Cities and AIDS

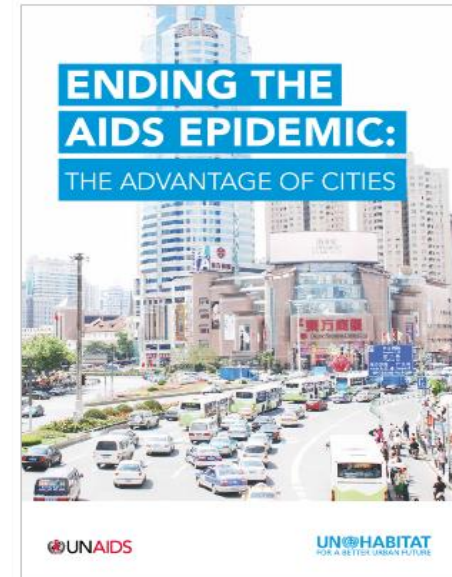
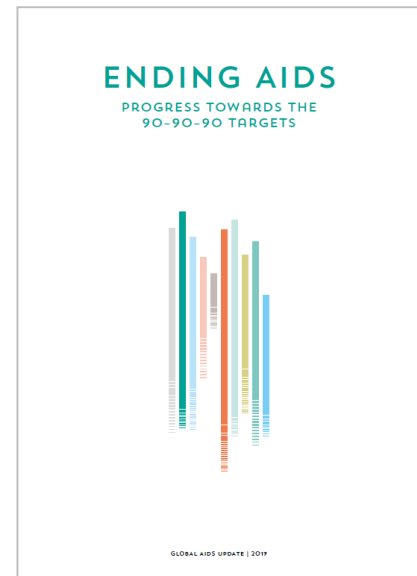
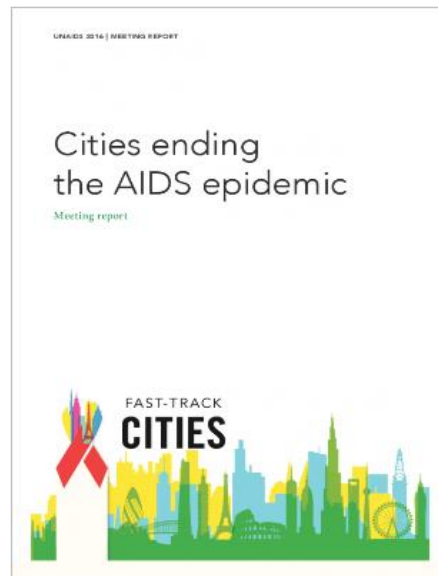
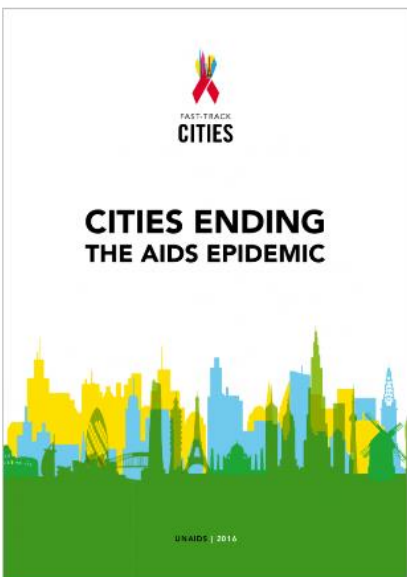
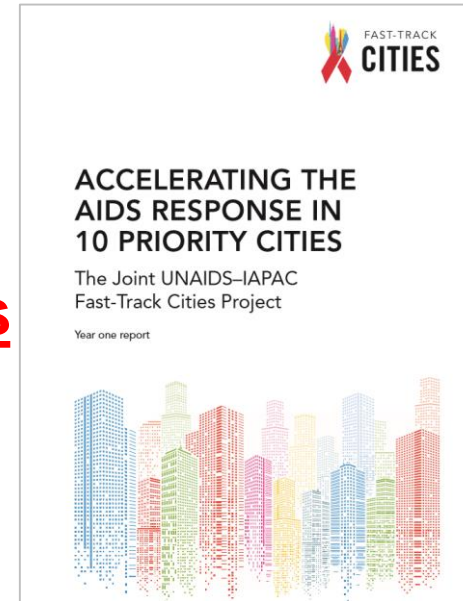
LESSONS LEARNED

- 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

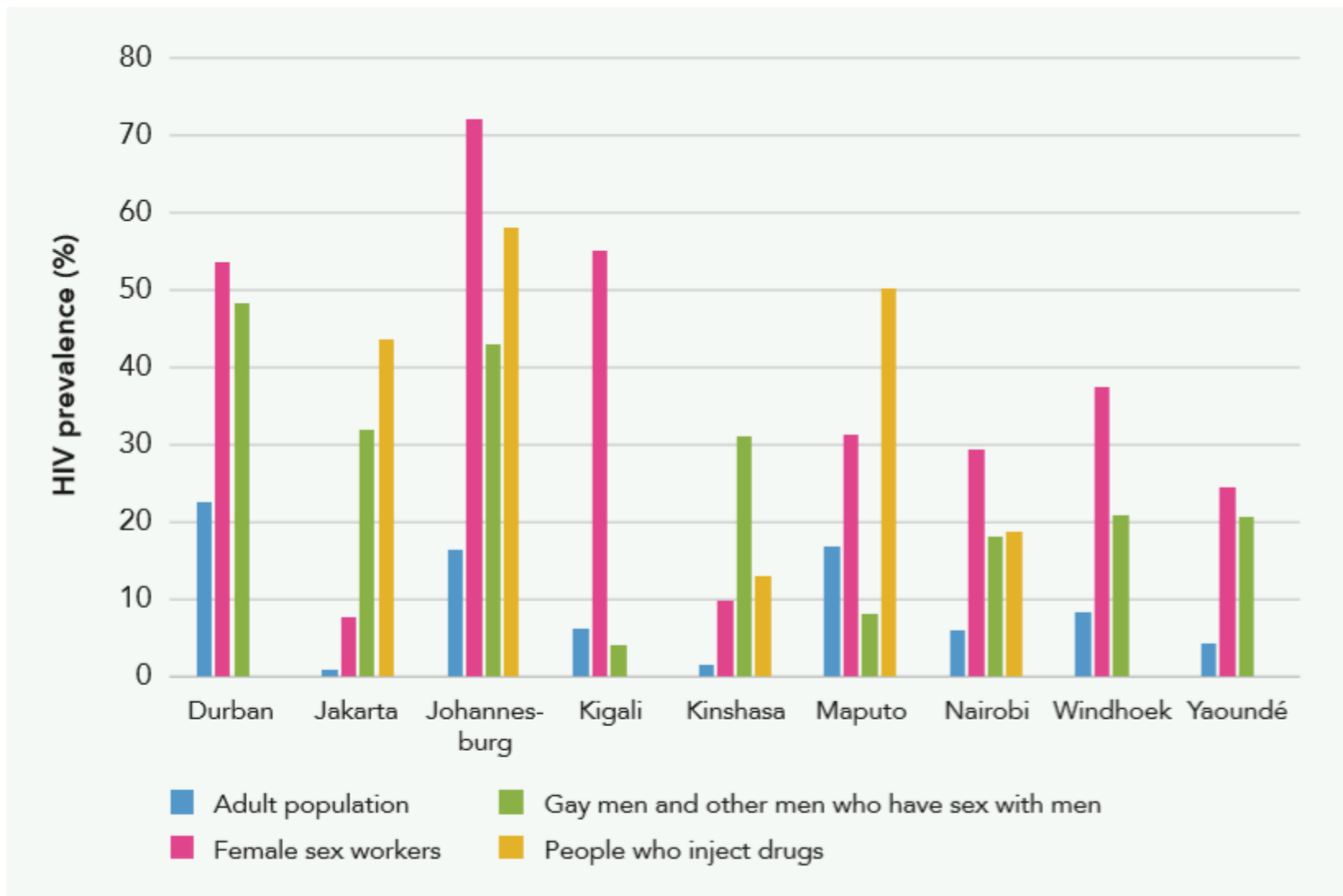
THANK YOU



<http://www.unaids.org/en/cities>

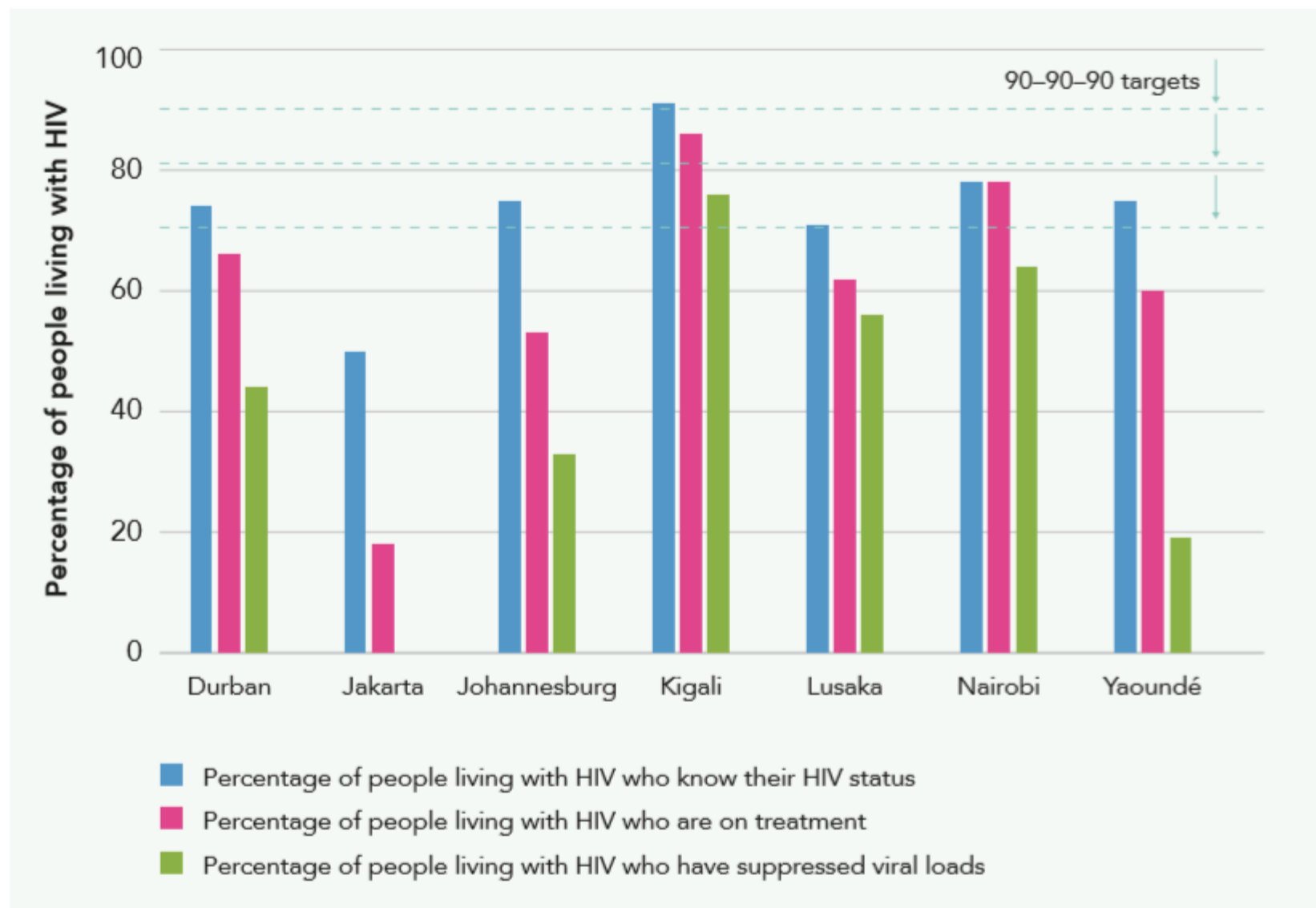


HIV prevalence in different populations in selected cities from year 1 of the project



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.