

PARIS DECLARATION

1 December 2014

(amended 13 April 2021)

FAST-TRACK CITIES: ENDING THE HIV EPIDEMIC

Cities and Municipalities Achieving Zero HIV-Related Stigma and the 95-95-95 Targets on a Trajectory towards Getting to Zero New HIV Infections and Zero AIDS-Related Deaths

95% of people living with HIV knowing their HIV status

95% of people who know their HIV-positive status on antiretroviral therapy (ART)

95% of people on ART with suppressed viral loads

[CITY] Leeds

[Signing Date] 7th February 2023

PARIS DECLARATION ON FAST-TRACK CITIES

We stand at a defining moment in the HIV response. Due to scientific breakthroughs, community activism, and political commitment, we have an opportunity to achieve Sustainable Development Goal 3.3 of ending the HIV epidemic by 2030. Cities and municipalities have been heavily affected by the epidemic and have been at the forefront of responding to HIV. Cities and municipalities are uniquely positioned to lead Fast-Track action towards achieving the United Nations (UN) 95-95-95 and other relevant targets. Attaining these targets will place us on a trajectory towards getting to zero new HIV infections and zero AIDS-related deaths.

We recognize that ending the HIV epidemic requires a comprehensive approach that allows all people to access quality life-saving and -enhancing prevention, treatment, care, and support services for HIV, tuberculosis (TB), and viral hepatitis. Integrating these services into sexual, reproductive, and mental health services is critical to achieving universal access to health care.

We can eliminate stigma and discrimination if we build our actions on scientific evidence. Understanding that successful HIV treatment and viral suppression prevents HIV transmission (Undetectable=Untransmittable) can help reduce stigma and encourage people living with HIV to initiate and adhere to HIV treatment.

Working together, cities and municipalities can accelerate local actions towards ending the HIV, TB, and viral hepatitis epidemics globally by 2030. As called for by the *New Urban Agenda*, we will leverage our reach, infrastructure, and human capacity to build a more equitable, inclusive, prosperous, and sustainable future for all our residents, regardless of age, gender, sexual orientation, and social and economic circumstances.

WE COMMIT TO:

1. End HIV epidemics in cities and municipalities by 2030

We commit to achieve the 95-95-95 and other Fast-Track targets, which will put us firmly on the path to ending the HIV, TB, and viral hepatitis epidemics by 2030. We commit to provide sustained access to quality HIV testing, treatment, and prevention services, including pre-exposure prophylaxis (PrEP), in support of a comprehensive approach to ending the HIV epidemic that also addresses TB, viral hepatitis, sexually transmitted infections, mental health, substance use disorders, and comorbidities associated with aging with HIV. We will eliminate HIV-related stigma and discrimination.

2. Put people at the centre of everything we do

We will focus our efforts on all people who are vulnerable to HIV, TB, viral hepatitis, and other diseases. We will help to realize and respect the human rights of all affected people and leave no one behind in our city and municipal HIV, TB, and viral hepatitis responses. We will meaningfully include people living with HIV in decision-making around policies and programmes that affect their lives. We will act locally and in partnership with our communities to galvanize global support for healthy and resilient societies and for sustainable development.

3. Address the causes of risk, vulnerability, and transmission

We will use all means, including municipal ordinances, policies, and programmes, to address factors that make people vulnerable to HIV and other diseases, including laws that discriminate

against or criminalize key populations. We will ensure that people affected by HIV enjoy equal participation in civil, political, social, economic, and cultural life, free from prejudice, stigma, discrimination, violence, or persecution. We will work closely with communities, clinical and service providers, law enforcement and other partners, and with marginalized and vulnerable populations, including slum dwellers, migrants and other displaced people, young women, sex workers, people who use drugs, gay men and other men who have sex with men, and transgender individuals, to foster social equity.

4. Use our HIV response for positive social transformation

Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient, and sustainable. We will integrate health and social programmes to improve the delivery of services, including for HIV, TB, viral hepatitis, and other diseases. We will use advances in science, technology, and communication to drive the social transformation agenda, including within the context of efforts to ensure equal access to education and learning.

5. Build and accelerate an appropriate response reflecting local needs

We will develop and promote services that are innovative, safe, accessible, equitable, and free from stigma and discrimination. We will encourage and foster community leadership to build demand for, and to deliver, quality services that are responsive to local needs.

6. Mobilize resources for integrated public health and sustainable development

Investing in the HIV response together with a strong commitment to public health and sustainable development is a sound investment in the future of our municipality that will yield increased productivity, shared prosperity, and the overall well-being of our citizens. We will adapt our municipal plans and resources for a Fast-Track response to HIV, TB, viral hepatitis, and other diseases within the context of an integrated public health approach. We will develop innovative funding strategies and mobilize additional resources to end the HIV epidemic by 2030.

7. Unite as leaders

We commit to develop an action plan to guide our city and municipal Fast-Track efforts, embrace the transparent use of data to hold ourselves accountable, and join with a network of cities and municipalities to make the *Paris Declaration on Fast-Track Cities* a reality. Working in broad consultation with everyone concerned, we will regularly measure our results and adjust our responses to be faster, smarter, and more effective. We will support other cities and municipalities and share our experiences, knowledge, and data about what works and what can be improved. We will report annually on our progress.



Councillor Salma Arif
Leeds City Council Executive Member
for Public Health & Active Lifestyles



Councillor James Lewis
Leader of Leeds City Council



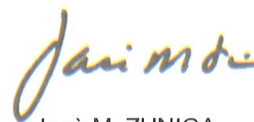
Anne HIDALGO
Mayor of Paris



Winnie BYANYIMA
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Maimunah Mohd SHARIF
UN-Habitat



José M. ZUNIGA
IAPAC





Sevilla Declaration on the Centrality of Communities in Urban HIV Responses

11 October 2022

We are among the signatories worldwide of the *Paris Declaration on Fast-Track Cities Ending the HIV Epidemic*, and it is our shared belief that local communities have a key role to play in ending HIV and tuberculosis (TB), and eliminating viral hepatitis, by 2030. We are further committed to achieving the United Nations (UN) goals and targets by creating an enabling environment that supports more equal, equitable, and inclusive cities and municipalities for our citizens, including the most vulnerable.

By signing the *Paris Declaration on Fast-Track Cities Ending the HIV Epidemic*, we have committed to put people at the center of our work, to advance the human rights of marginalized populations, and to ensure that health responses meet local needs. Achieving these commitments requires the elevation of communities from having a seat at the table to leading our HIV, TB, and viral hepatitis responses. Aligned with the *Paris Declaration on Fast-Track Cities Ending the HIV Epidemic*, the [2021 UN Political Declaration on HIV and AIDS](#) makes clear that we will not reach our goals or targets without the meaningful engagement of affected communities and urges an expressed commitment to ensure that communities are included in every aspect of HIV and sexual health responses, including planning, implementation, and monitoring. This commitment should similarly be integrated into local TB and viral hepatitis responses.

Putting communities at the center of the urban HIV, TB, and viral hepatitis responses is an objective that is straightforward. However, achieving the objective will require political will, community engagement, legislative support, financial resources, and innovation in program and service delivery. Because city and municipal governments are closer and more accountable to local communities than national governments, our cities and municipalities are well-positioned – in parallel with the commitments of the *Paris Declaration on Fast-Track Cities Ending the HIV Epidemic* – to ensure that communities are at the heart of our efforts to attain the Sustainable Development Goals associated with ending HIV and TB, and eliminating viral hepatitis, by 2030.

OUR CITY OR MUNICIPALITY COMMITS TO:

1. Safeguard the dignity and rights of communities affected by HIV, TB, and viral hepatitis.

We will strive towards the goal in the [UN Declaration of Human Rights](#) that “everyone has a right to life, liberty, and security of person,” and “to a standard of living adequate for [their] health and well-being” by addressing systemic inequalities and inequities in our communities. We will further

make efforts to enact the [New Urban Agenda](#), including as it envisages “respect and protection of human rights for all.” We will work to remove local ordinances and laws that discriminate against or criminalize the behaviors of vulnerable populations most affected by HIV, TB, and viral hepatitis.

2. Meet the UN goals for community-led HIV, TB, and viral hepatitis responses.

We will implement policies and budgetary measures to ensure that city- and municipality-directed funds meet the UN goals of increasing the proportion of HIV services delivered by communities, including by ensuring that, by 2025, community-led organizations deliver: 30% of HIV testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy; 80% of HIV prevention services for high-risk populations, including for women within those populations; and 60% of programming to support the implementation of social enablers. We will engage in multilateral collaboration with subnational and national governments to advance these goals. We commit to provide communities and community-led organizations the support they need to increase their capacities and to ensure successful outcomes, including in relation to addressing social determinants of health. Because communities are often at a disadvantage in securing city- and municipality-directed funding for HIV services, we will prioritize outreach to community-led organizations best positioned to support and provide services to affected communities. We will extend our commitment to apply policy, budgetary, and outreach measures to TB and viral hepatitis responses.

3. Include community representation at all stages of our HIV, TB, and viral hepatitis responses.

We will work in consultation with affected communities to review our policies, procedures, and operations and will ensure that community representation is prioritized in the planning, implementation, and monitoring stages of all aspects of our local HIV, TB, and viral hepatitis responses. We will use strategies to guarantee diverse representation, including key populations, other affected communities in all their diversity, as well as children and young people, promoting intergenerational collaboration as appropriate. We will make sure that community members are able to fully participate in and inform the decision-making processes relevant to these responses. In that respect, we commit to create and expand leadership spaces for community members within our local HIV, TB, and viral hepatitis responses.

4. Facilitate community-led monitoring of our HIV, TB, and viral hepatitis responses.

We will work to implement community-led monitoring of our local responses to HIV, TB, and viral hepatitis, ensuring that the collection, analysis, and utilization of data involves the community itself with support from our public health and other institutions. If achieving this commitment necessitates making changes to policies within our authority at the city or municipal level, we commit to making such changes to facilitate a data-driven, equity-based accountability mechanism for our communities to hold us accountable for our progress or lack thereof.

5. Improve transparency and communication to facilitate community participation.

We will communicate information regularly about our planning and progress in a manner that enables public participation in decision-making about our local HIV, TB, and viral hepatitis responses. We will translate relevant information into languages that reflect our communities’ diversity and use

accessible language for populations of varying levels of literacy. We will make certain that all decisions related to our local HIV, TB, and viral hepatitis responses are made in open, public, and accessible meetings whenever possible.

6. Develop outreach strategies to identify and reach all community stakeholders.

We acknowledge that a significant number of the people most affected by HIV, TB, and viral hepatitis have limited access to information, particularly through the traditional means employed by local governments and public health institutions. We will work with community representatives to develop plans to identify and reach people wherever they receive information, whether it be through social media or community spaces, so that we can engage with diverse community stakeholders in ways that are more accessible, convenient, and inclusive. We commit to appropriate outreach and communication with children and young people, who have historically trailed in key health and programmatic metrics related to HIV, TB, and viral hepatitis responses.

7. Support community health workers, peer leaders, and others close to our communities.

We recognize that often those individuals closest to the affected community – such as community health workers and peer educators – are under-resourced and too often implement their work as volunteers. By supporting the formal establishment of, remuneration for, and professional development of these types of community health cadres, we can advance the work that they do to improve HIV, TB, and viral hepatitis prevention and care, but also ensure that these ambassadors to affected communities are supported as they bolster our local HIV, TB, and viral hepatitis responses.

8. Work to eliminate stigma and discrimination against and within our diverse communities.

We will work within our power to eliminate HIV-related stigma and discrimination towards people who are living with and affected by HIV, TB, and viral hepatitis, and especially key populations who experience stigma and discrimination of an intersectional nature. Marginalized communities cannot fully participate in our public health responses if their behaviors or identities are criminalized or stigmatized. We will collaborate with community representatives to utilize ordinances, policies, and programs to directly address these barriers at the city and municipal level, promote change at the national level, and invest in organizations that advocate against stigma and discrimination.

9. Connect our local communities to the global HIV, TB, and viral hepatitis networks.

We will utilize our network to connect community voices in our cities and municipalities to others from around the world, thus sharing their best practices and working in solidarity to find solutions to cross-cutting challenges. The Fast-Track Cities network provides us with an unparalleled opportunity to engage in public health multilateralism and thereby ensure that our cities and municipalities have a seat at the global table in relation to ending HIV and TB, as well as eliminating viral hepatitis.

10. Report annually on progress in relation to placing communities at the center of our work.

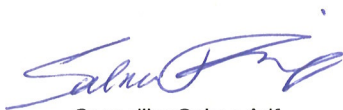
We will collaborate with community representatives to adopt and adapt standardized global metrics for HIV, TB, and viral hepatitis responses to our local needs. We will also work with community representatives to develop implementation and accountability frameworks related to the

commitments in this document and the *Paris Declaration on Fast-Track Cities Ending the HIV Epidemic*, notably as it evolves to incorporate new or updated global metrics, thus placing communities at the center of our work. We will utilize the Fast-Track Cities network to report annually on our progress.

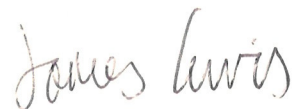
We sign this document on behalf of the cities and municipalities that we represent and in solidarity with the community members and community-based and -led organizations with whom we pledge to work to action the centrality of communities in urban HIV, TB, and viral hepatitis responses.

City: Leeds

Date of Signing: 7th February 2023



Councillor Salma Arif
Leeds City Council Executive Member for
Public Health & Active Lifestyles



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Leader of Leeds City Council

