

PLENARY SESSION IIIA: PUBLIC HEALTH CRISIS IN URBAN SETTING

PL6 PUBLIC HEALTH CRISIS IN URBAN SETTING

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In 1900, just 13% of the world's population lived in urban areas. By 2008, half of the world's population was living in urban settings. By 2025, 70% of the world's population will be urban. The International Health Regulations require countries to strengthen their capacity for surveillance of and response to disease outbreaks and other public health emergencies both at national level and at state or city level too. In October 2008, the World Health Organization International Health Regulations Coordination Group, in conjunction with LyonBiopole, held a consultation "Cities and Public Health Crises". Consultants from large cities in developed and developing countries stated that broad-based WHO and national guidance does not always address well the unique challenges faced by their cities and that they had much to learn from each other. Indeed cities have a number of specific vulnerabilities such as unhealthy slums, crime and violence, and can even be targets for terrorist attacks. Further, since a city contains so many people, infectious diseases will be communicated faster and to more people there than in rural areas. Many cities have large international airports and sea-ports, making them prone to the import of diseases, while unsanitary areas within a city may be breeding grounds for epidemic-prone diseases such as cholera and other diarrhoeal diseases. The presentation will address and summarize some of the unresolved challenges and possible future directions. Also initial perspectives on the influenza A (H1N1) 2009 outbreaks in the spring of 2009 in 2 mega-cities (New York City and Mexico City) will be presented.

PLENARY SESSION IIIB: HIV AND AIDS: ISSUES AND CHALLENGES

PL7 AIDS AMONG UNIFORMED SERVICES – OVERVIEW OF ISSUES.

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In 2000, AIDS became the first health issue ever to be discussed by the UN Security Council, due to its potential threat to the maintenance of peace and security. The adoption of Security Council Resolution 1308 and subsequently, Security Council Resolution 1325 on gender-based violence, led to a generation of specific programmes aiming to deal with AIDS and gender-based violence among uniformed services and peacekeeping operations. Today there are an estimate 50 million uniformed services personnel of different categories that are vulnerable to HIV because of their exposure to commercial and causal sex, injecting drug use, and unsafe blood transfusions. HIV prevalence in the armies of some troop contributing countries, such as India, Pakistan and Bangladesh is generally low, and as a result most of their focus has been on the risk their troops face while deployed. But the risk of peacekeepers in contracting HIV during missions has been closely associated with the possibility of their spreading HIV to host communities. In some other instances, also have the potential to be positive examples of behavioural and social change. In a number of instances, uniformed services, including Ethiopia, South Africa and Thailand, the armed forces have been at the forefront of the national response to AIDS. Following the adoption of Security Council Resolution 1308, UNAIDS has provided support to a variety of regional security bodies, networks and platforms, and to 60 countries, with key elements including peer education and awareness raising, strengthening of capacities of health personnel and health centres for the militaries and the promotion of voluntary counselling and testing, and condom use. A great deal of awareness has been created - however a number of challenges remain and include, among others: the lack of sufficient evidence on infection rates and risk behaviours, inadequate policy guidance on treatment and deployment policy for HIV infected personnel and their families, non-integration of uniformed services' programmes into wider national AIDS frameworks and plans and the lack of tailored-made programmes reflecting specific vulnerabilities of different groups. UNAIDS plans for the next years include reporting to the Security Council on the implementation of Resolution 1308, jointly with DPKO, establishment and capacity building of regional networks on militaries and police in all regions, defining and implementation of a research agenda on AIDS, security and uniformed services, the development of policy guidance on treatment, care and support; the continuation of its coordinating role and support to the Task Force, as well as close collaboration and mobilization of UN partners and other stakeholders.

PL8 MOBILIZING MILITARY LEADERS AGAINST AIDS IN DIFFERENT WORLD REGIONS

Maria Isabel Tavez Rojas
LAC COPRECOS.

PL9
HIV/AIDS AND UNITED NATION PEACEKEEPING

Megh Gurung
HIV Policy Adviser
UN Department of Peacekeeping Operations.

PL10
KEY STRATEGIES FOR SUPPORTING NATIONAL MILITARY AIDS PROGRAMS.

Richard Schaffer
US Department of Defense

