



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.

