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# Introduction

“Someday, the AIDS crisis will be over. Remember that,” gay HIV-positive ACT-UP activist Vito Russo declared in his famous speech “Why We Fight” in 1988.<sup>1</sup> “And when that day comes – when that day has come and gone, there’ll be people alive on this earth – gay people and straight people, men and women, Black and white, who will hear the story that

once there was a terrible disease in this country and all over the world, and that a brave group of people stood up and fought and, in some cases, gave their lives, so that other people might live and be free.”

Today, 36 years later, the AIDS pandemic is still not over – even though there are drugs today that were not yet available in 1988. In 2022, 630,000 people died as a result of AIDS. Since the start of the epidemic, around 40.4 million people have lost their lives because of AIDS.<sup>2</sup>

The first International AIDS Conference took place in Atlanta, USA, in 1985. Sixteen years later, Action against AIDS Germany was founded, focussing on malaria and tuberculosis in addition to HIV/AIDS. We are committed to the elimination of social inequality, discrimination and stigmatisation of people living with HIV and the realisation of Universal Health Coverage (UHC). Global justice is crucial to us. It is central to us that all people have

affordable access to medicines, that Germany lives up to its role as a strong industrialised country and that it participates fairly in mobilising the necessary financial resources to implement the health-related Sustainable Development Goal (SDG3). This year’s edition is therefore also focussed on the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNAIDS and global health financing.

In contrast to the time of Vito Russo, who died of Aids-related consequences in 1990, Aids can be defeated today. Whether the AIDS pandemic will be over one day depends on political and economic priorities. Action against AIDS Germany is committed to driving forward political decisions in this regard.

**Klaus Koch, Tilman Rüppel & Sylvia Urban**  
Board Members of Action against AIDS Germany



↑  
Vito Russo in June 1989 (Photo: Massimo Consoli/Wikimedia, CC BY-SA 2.5)



# Retrospect and meaning of the International AIDS Conferences

“Put People First” – On our way to the International AIDS Conference in Munich!

The 25th World AIDS Conference (IAC) will take place in Munich from 22 to 26 July 2024. 15,000 participants from all over the world are expected. This is the second time that the world’s largest HIV conference is held in Germany. The motto of the conference is “Put People First”. More than three decades have passed since the last World AIDS Conference took place in Germany. It was in Berlin in 1993, and the motto back then was: “Time to Act!”<sup>3</sup>

In 1993, Action against AIDS Germany did not exist yet. Three long years were to pass before the breakthrough of HIV therapy in 1996, which turned the deadly disease into a chronic infection. The terrible death toll, which could hardly be countered at the time, has been deeply embedded in the collective memory of communities living with HIV. It would be years and decades before HIV treatment was also available to many people in countries of the Global South. Of the estimated 39 million people living with HIV today, around 9.2 million are still living with-

↑  
Protest: March on Washington, 1987 (Foto: Linda Hollingdale)

Text: Peter Wiessner, Action against AIDS Germany

<sup>1</sup> <https://www.youtube.com/watch?v=e4ctXqdoVwk>

<sup>2</sup> At this point in time, the figures presented here are the most recent by UNAIDS, also see: <https://www.unaids.org/en/resources/fact-sheet>.

<sup>3</sup> <https://www.aidshilfe.de/sites/default/files/documents/1993-Jahresbericht-1992-1993-klein.pdf>

out HIV treatment. One person still dies every minute because of the immunodeficiency disease. Thus, the 1993 motto "Time to Act" is still valid! If the end of Aids as a threat to public health is to be achieved by 2030, swift and targeted action must be taken.

### "Put People First!"

The conference slogan is well chosen. It reminds us that people should always be at the centre of all efforts to end Aids. Only then do other interests, such as those of industry, take centre stage. Philosopher Arthur Schopenhauer said: "Health is not everything, but without health, everything is nothing". Health is a human right. Today we know exactly how Aids can be ended. The fact that this always requires political and financial decisions was formulated by UNAIDS in its Global AIDS Update 2023, from which the above figures are also taken.<sup>4</sup>

The IAC has always considered itself as a political conference that addresses current issues of the communities living with HIV and allows representatives of the communities to have their say. This has not always worked perfectly – which is also why there are various pre-conferences in addition to the official programme. Further, there are structures that should be reconsidered: Is there really still a need for a demarcated area for the HIV community to interact with each other? Why aren't the exhibition spaces for industry and non-state actors not brought together? Wouldn't it be better to ensure that everyone attending the conference has access to the entire programme – even those who cannot afford the high conference fees?

Action against AIDS Germany is actively represented during the conference. We are looking forward to the topics and discussions and to meeting friends and colleagues from global HIV work.

For this conference itself, we publish this special edition of "Informiert" and a compilation of interviews with HIV-, tuberculosis- and malaria-activists from the Global South under the title: "Communities in the centre." The similarity to the IAC motto is not copied but pure coincidence. We are obviously concerned about similar issues. We know how Aids, tuberculosis and malaria can be ended and that communities make a significant contribution to this! The texts in this issue are an impressive proof of this.

We are part of the German Pavilion team. There, we organise events regarding the work of the Global Fund and the "Breaking Down Barriers Initiative"; on UNAIDS and the new global HIV figures published for the IAC; and with our co-sponsors from Doctors Without Borders on microbial resistance and global access to HIV and tuberculosis testing procedures. In addition, in close cooperation with our colleagues from the Ukrainian Public Health Alliance and the Global Fund Advocates Network, we organise an event in the Global Village where discussions on the work of the Global Fund and the situation in Ukraine will take place.

<sup>4</sup> <https://thepath.unaids.org/>

The World AIDS Conferences are fuelled by the stories of people living with HIV and our memories of them. Some of these memories are beautiful, others are sad or even shocking. I recall Nkosi Johnson. The South African boy was an Aids orphan and represented the fate of many people in South Africa. The then 10-year-old made an impressive statement at the opening of the IAC/Durban in 2000. He died shortly afterwards on June 1st, 2001.

Today we know that if, at the time, the Mbeki government in South Africa had not been convinced by Aids deniers and had made HIV medication available instead, Nkosi might still be alive. It would be interesting to know what the now 35-year-old would have had to say to us at the opening of the conference in Munich.

Things turned out differently for Nkosi Johnson. Health is a human right and a political and financial decision. The fact that deniers can stand in the way of this right is part of HIV-history. Something similar was repeated during the COVID-19 pandemic. ●



↑  
Nkosi Johnson at the opening of the 13th International Aids Conference in Durban, South Africa on July 9, 2000 (Photo: AP, nkosishaven.org)



←  
Protests during former US President Bill Clinton's keynote speech at the 22nd IAC in Amsterdam in 2018 (Photo: International AIDS Society/Marten van Dijk)

## “And then suddenly there are NGO representatives demanding to be involved in all aspects of program planning”



We spoke to Felix Gallé who was involved as an NGO liaison in the preparation of the first World AIDS Conference in Berlin, Germany, in 1993.

Felix, we've known each other for a few years now. You were involved in the preparations for the first World AIDS Conference in Germany. This summer, the conference takes place in Germany for the second time, this time in Munich. What would you like to tell us about yourself personally and how did you come to be involved in Berlin back then?

It was all a very long time ago, over 30 years ago. I was a young thing back then, still a student. My positive test result and my gay coming out took place a few years ago. In 1991, I participated in the International Positive Conference in London. In the fall of 1992, I received an invitation to work on the conference preparations. In hindsight, the beginning of the 90s was the peak of the AIDS epidemic in Germany. People didn't know how much longer they would have to live. I'm now over 60 years old and fortunately I'm still here, having worked at ZIK for many years in migrant counseling.

Did people in the city realize that a conference was taking place?

I know there were some pre-conferences, as with every conference. People take the opportunity to meet in small or smaller groups to discuss content in advance and then bring it to the main conference. Our task at the time was to maintain contact with the NGOs. We had contact with NGOs throughout Berlin, Germany and worldwide in the run-up to the conference - at that time without e-mail or cell phones, everything was done by landline and fax. There were preparatory committees, meetings and conferences everywhere where we were present.

What expectations did you have regarding the conference?

There were many interesting discussions. For us, the main thing was that this was a scientific congress, originally with a focus on basic sciences and epidemiology/care. The chairman of the Berlin conference was Professor Habermehl, a virologist and pure basic researcher. There was also a focus on prevention and behavioural change. And then suddenly, there are NGO representatives demanding to be involved in ALL aspects of program planning! Demanding to be heard and even wanting to shape the program! That was a bit of a culture shock, for us and also for the other side: When, for example, the conference chairman was greet-

ed on the phone on a beautiful Sunday morning (!) by a well-known AIDS activist at home (!) with the salutation: “Hello, is it Karl-Otto? This is Richard speaking...!” (!) For me, this was a good example of how communication took place on eye level and how you could make yourself heard and make a difference in the end. The liaison committee was very close and was able to bring the NGO demands to the weekly meetings of the program commission again and again. It was a very impressive experience to have so much influence. I think that was also true for the conference management. For Professor Habermehl and the scientific committee, it was certainly an intensive learning process over these six or eight months.

Were there topics that were ignored also?

There was a collection of topics that were important to us as NGOs. In my opinion, they found their place, could be raised, and were not suppressed. It was certainly a great success that a drug user from London was able to give a plenary speech in front of 15,000 people and talk about his situation. He had the full attention of the conference for himself and his talk. Perhaps we need to become aware of this historical moment. Those were dark times for people living with HIV/AIDS: Death was omnipresent in our communities. There were one or two drugs, but even they didn't really work very well. The breakthrough with combination therapy only came with the Vancouver conference in 1996, it was the big turning point towards treatability. In 1993, the epidemiological data was very depressing, the numbers were rising everywhere, in Africa, in Asia, in South America. There were activist groups, e.g. ACT UP, the International Positive Network or the Women's Network, which organized themselves and formulated their demands, ACT UP mainly in relation to the development and approval of drugs. Pressure was put on the pharmaceutical industry to speed things up. There was also pressure on governments to get more involved in funding. Women networked and organized internationally at the Berlin conference.

Were there any protests at the time?

There was a lot of pressure from ACT UP New York to get as many free tickets for the conference as possible. We passed the list of names on to the conference organizers. In the end, the free tickets were all allocated. ACT UP then also used the platform during the conference, a representative was allowed to speak at the opening ceremony after a long back and forth, and protest actions were organized in the familiar manner.

Younger people today may no longer be able to imagine what “familiar manner” means...

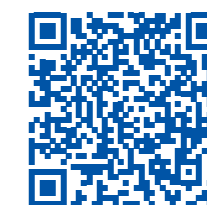
Yes, so they marched through the conference exhibition with whistles and loud noises, stopped off at the pharmaceutical industry to trash their stands and spread all their advertising material around. And, of course, they loudly confronted the representatives of the industry.

That was always a bit part of it. In a way the “good tone” of the World AIDS Conferences. Nowadays there are other forms of protest. People glue themselves to something. That didn't exist back then.

Yes, I think that it's different nowadays. The rage back then was huge, as was fear and grief. People died all the time. Among the activists too, of course. You can't really imagine that today. Even when I look at the list of people who died among the activists in Germany: In 1992, 1993, 1994, there were deaths every week, every month. And at the same time there was – also a way of dealing with this extreme situation – a totally weird gallows humour, sometimes bordering on macabre. The cohesion and solidarity among and with one other were much greater than today.

How were HIV and AIDS discussed back then? Did the conference change anything about that?

I think those were still the days when AIDS aid work was comparatively well-funded here. In this respect, it was right to focus on bringing people to the conference from what we now call the Global South. The cuts began when it was easier to provide treatment. In this respect, AIDS in Germany was an issue that was gladly handed over to the AIDS service organizations. And they were then supposed to deal with it and get it under control. The relationship between the conference management and civil society probably has to be negotiated and defined anew each time, but there are certainly a lot more standards now. ●



The interview is heavily condensed here, the full version can be found on our homepage. The questions were asked by Peter Wiessner. We would like to thank Felix for the interview!

# Why UNAIDS?

Text: Tilman Rüppe and Sylvia Urban, Action against AIDS Germany

UNAIDS is a United Nations project with the aim of coordinating the individual HIV programmes that exist at country level and harmonise various UN institutions' HIV work, such as the United Nations Children's Fund or the United Nations Refugee Agency. UNAIDS' work is also of central importance for the Global Fund, as UNAIDS collects global data on the HIV pandemic: Almost everything we know about new trends in the HIV pandemic comes from UNAIDS. To understand this, it is important to realise that every region, almost every country, has its own HIV epidemic, influenced by local conditions, developments, ethical norms, and attitudes, and sometimes even laws.

For example, we know that girls and young women in Southern Africa face higher risks compared to young men of the same age due to gender norms and inequalities. Gender specific inequalities and other inequalities as well as violence, stigmatisation, discrimination and unfavourable laws and practices sabotage their ability to protect themselves from HIV. With increasing age, this trend reverses: In some regions, it is men who are exposed to increased risks due to problematic help-seeking behaviour when they become sick. UNAIDS has made us aware of the vulnerability of specific groups: LBGTIQ+ communities and sex workers are particularly vulnerable because they are criminalised in many regions and thus excluded from the care system. The same applies to people who inject drugs – who, in many regions, are persecuted by the state and driven underground by misguided and scientifically proven false approaches ("zero tolerance," "just say no!" and "war on drugs", etc.) and are therefore inaccessible to prevention and care structures. Sometimes it is the legal status that makes access to the care system more difficult and increases HIV vulnerability, e.g. for people without papers, refugees, internally displaced persons, or prisoners.

The data collected by UNAIDS allows other organisations to respond with targeted programmes. To this end, UNAIDS develops and implements standards based on human rights principles and target group orientation, respect for and involvement of communities living with HIV and based on current scientific knowledge. This is particularly important in relation to traditional values and morals as well as the potential for discrimination to which people living with HIV are exposed in numerous places. Many stakeholders like



↑ Protest by civil society members during the World Aids Conference in Durban 2016 (Photo: Peter Wiessner)

to close their eyes to the topic of "sexually transmitted infections" in order to create a reality that has little in common with reality: The perception of homosexuality as a decadent Western phenomenon and the fantasy that certain groups or behaviours do not even exist in some regions leads to HIV programmes in numerous places that are geared towards target groups who are hardly at risk.

Action against AIDS Germany participates as an observer in the UNAIDS Board of Director's meetings which take place twice a year in Geneva. The discussions and processes there deepen our knowledge of geopolitical contexts, which always have an impact on the development of the global HIV strategy.

Due to outstanding financial commitments, UNAIDS is currently in the midst of a funding crisis, which has a concrete negative impact on UNAIDS itself, but also on people living with HIV and existing programmes on a country level: In the last two years, operational capacity has had to be cut by 25%; 9% of core-funded positions have been eliminated; and 90 positions from the main office in Geneva have been reduced or relocated to Bangkok, Bonn, Nairobi and Johannesburg. The closure of individual country offices was consummated.

Between 2012–2022, and except for 2020/2021, Germany never contributed more than 2–3% to the UNAIDS core budget. For the current year (2024), 6.75 million euros were approved subsequently to Action against AIDS Germany's advocacy for this. We give thanks to the commitment of the parliamentarians who made this possible!

To provide UNAIDS with long-term support in this funding crisis and to fulfil Germany's responsibility, we are calling for a fair increase in Germany's contribution to the current UNAIDS core budget of 210 million US dollars. In addition, a separate budget line should be set up in the federal budget for UNAIDS.

According to our calculations, Germany's fair contribution to UNAIDS should be 15 million euros per year. This amount is the result of the proportion of Germany's economic power in all DAC member states, which constitutes approximately 8%. Measured against the UNAIDS core budget of 210 million US dollars, this 8% corresponds to an amount of 15 million euros. ●

# Global challenges in health care financing: Looking at the current situation of the COVID-19-pandemic



## The COVID-19-pandemic: A profound crisis in health and economy

The COVID-19 pandemic has not only triggered a health crisis of unprecedented proportions, but has also caused economic damage totalling USD 13.8 trillion<sup>5</sup>, making it the biggest global economic crisis in approximately 100 years.<sup>6</sup>

To confront the immense medical challenges and to cushion the economic and social consequences of the pandemic, the world's nations had to take on high levels of debt. This posed a major problem, particularly for those nation states that already had low incomes before the

begin of the pandemic. Therefore in 2024, more than half of the world's poorest countries are either affected by acute debt problems or at high risk in these regards.<sup>7</sup> Moreover, Russia's war of aggression against Ukraine has caused extremely high global price increases, driven notably by energy and food prices.

However, this inflation also led to central banks raising their key interest rates to combat price increases. This, in turn, makes refinancing more difficult for public budgets and private actors. Protracted armed conflicts and increasingly frequent natural disasters due to advancing climate change are further exacerbating the situation. Estimates suggest that 300 million people worldwide will be dependent on humanitarian aid in 2024, almost twice as many as in 2019 (168 million).<sup>8</sup> For these reasons, global health is in a very difficult situation, as enormous health challenges face a complicated financing situation.

## Development cooperation remains crucial in tackling global challenges

While debt relief and restructuring, increasing tax revenues and reform efforts by multilateral development banks are urgently needed to tackle this complex problem, official development cooperation continues to play a crucial role. This is because the response to and preparation for pandemics, climate financing, humanitarian aid, the United Nations develop-

Text: Tilman Ruppel,  
Action against  
AIDS Germany

Photo: The 9th  
Coworking/Unsplash

5 <https://www.imf.org/en/Blogs/Articles/2022/01/25/blog-a-disrupted-global-recovery>  
6 <https://desapublications.un.org/publications/financing-sustainable-development-report-2024>  
7 <https://desapublications.un.org/publications/financing-sustainable-development-report-2024>  
8 <https://desapublications.un.org/publications/financing-sustainable-development-report-2024>

ment system, and the budgets of multilateral development banks are, by and large, still dependent on public development cooperation.<sup>9</sup>

In the field of global health, however, the stakeholder's landscape is not only highly fragmented, but also dependent on organisations that have to actively seek funding for their projects from donors and are therefore in competition with one another. In the health sector alone, key players such as Gavi, the Global Fund, the Pandemic Fund and other organisations are preparing for crucial replenishments and funding rounds this year and the next. In addition, the World Health Organization is about to launch its first investment round; it intends to raise 7.1 billion US dollars in this way. Furthermore, the replenishments for the World Bank's International Development Association (IDA) and the regional development banks are also on the agenda.<sup>10</sup> In light of intensive political debates about the distribution of diminishing financial leeway, it must be feared that these organisations will be underfunded, although the work of these stakeholders is vital for the survival of many millions of people.

## The Global Fund: A crucial pillar for global healthcare

To illustrate the outstanding importance of multilateral organisations for health care in numerous countries, the Global Fund serves as exemplary in this context: Since 2002, the Global Fund has invested more than 60 billion US dollars, saving 59 million lives – the equivalent of Italy's entire population!<sup>11</sup> However, at its last replenishment conference in 2022, the Global Fund was unable to raise the 18 billion US dollars it requires for its essential work, reaching only 15.7 billion US dollars.<sup>12</sup> Next year, the Global Fund will hold another replenishment conference; this time, the required target amount must be reached at the very least so that the organisation can adequately carry out its vital work for millions of people. So, let's work together to ensure that the health needs of the world's population and the health-related Sustainable Development Goal (SDG3) can be realised through adequate financing of instruments such as the Global Fund. ●

9 <https://www.idos-research.de/en/policy-brief/article/tomorrows-global-development-landscape-mapping-trends-and-reform-dynamics/>  
10 <https://aidspan.org/navigating-the-2024-2025-replenishment-era-strategies-for-the-global-funds-8th-replenishment/>  
11 <https://www.theglobalfund.org/en/updates/2024/2024-03-19-global-fund-who-pandemic-agreement/>  
12 <https://www.devex.com/news/devex-checkup-why-the-us-commitment-to-the-global-fund-has-cratered-107231>



# Climate change and global health

**“It is now understood that the climate crisis is also a health crisis.” – a fireside chat on climate change and global health**

Climate change is at the top of the political agenda. The United Nations Climate Change Conference (COP28) took place in Dubai in the week from 30 November to 12 December 2023. For the first time, a health day was implemented at COP28, offering a pooling of strengths and networking for communities that work on the topics of climate crisis and health.

## Global action is necessary

Lynette Mabote from Unitaid reported that cases of malaria are increasing in her home country of South Africa, a country that previously had no malaria mosquitoes. It is very sobering to see how they are spreading in South Africa and how people do not know how to deal with them.

Mabote reported on how children in East Africa are particularly affected by malaria. In her opinion, the existing health systems are not robust enough to ensure a strong referral system: When a child comes home with an infection, rapid testing and referral to health system facilities must be guaranteed. With the support from Unitaid, the Global Fund and especially the active involvement of the communities, much has already been changed.

Vincent Bretin from Unitaid explained the effect of climate change on supply chains by giving the example of artemisinin combination therapy, the main drug used to combat malaria. This is often overlooked when talking about the impact of the climate crisis, he said. Artemisinin-based products are derived from a plant that is cultivated in China. Climate change is making the growing conditions for this plant more difficult. Due to climate change, there are longer periods of drought, which will affect the yield of the plant and its concentration for drug production in the future. This all contributes to an increase in the price of the medicine, reduces its availability and consequently makes access to it more difficult. Problems like these are a recurring theme in the production of medicines. The medicine is manufactured in India. 75 % of the manufacturers are located in two regions, both of which are highly water prone. The medicine is shipped from there to Africa, Asia and other continents and regions. Another problem is that the medication is very sensitive to heat. The transport routes cause additional emissions. Therefore, Unitaid pursues a climate and health strategy in which both crises are key issues.

Years of progress will be undone if global action is not taken, emphasised Dianne Stewart of the Global Fund. Stewart said that malaria will be the litmus test of whether we take action to mitigate and adapt to the effects of climate change. If we don't, the health investments of the last 20 to 30 years may have been in vain. The progress made in the fight against malaria has been very visible: It is frightening to see how quickly the climate crisis is undoing this progress. She is certain: “Only together can we stop this.”

## “It is now understood that the climate crisis is also a health crisis”

The climate crisis must be understood as an active health threat, and the communities and civil societies involved must work together. In October 2023, 200 scientists applied to the World Health Organization (WHO) to declare a health emergency due to climate change. In 2022, extreme weather events such as floods and disasters in Pakistan led to a fourfold increase in malaria infections and an eightfold increase in the number of deaths in the affected regions. The countries in South-East Africa face a similar situation following tropical storm 'Freddy'.

The effects of climate change on the health of the population are also being felt in Europe. For example, there is an increase in the number of dengue cases, which were previously non-existent in Europe. “It is now being understood that the climate crisis is also a health crisis,” MP Wagner declared.

↑ Participants at COP 28 in Dubai 2023 (Photo: UNFCCC / COP28 / Walaa Alshaer, CC BY-NC-SA 2.0)

Text: Sophie Meier, Action against AIDS Germany

→ Participants of the fireside chat on November 23, 2023 (Photo: Action against AIDS Germany)



The synergy and the importance of understanding and considering the intersectionality of both crises and therefore tackling them together was the core of the discussion and was emphasised and illustrated by all panellists.

We would like to thank our panellists Lynette Mabote and Vincent Bretin from Unitaid, Dianne Stewart from the Global Fund and MP Johannes Wagner from the Green Party, our moderators Tanja Siebenbrodt from the German Foundation for World Population (DSW) and Max Klein from BUKO Pharma-Kampagne, as well as our board member Tilman Rüppel and Marwin Meier from World Vision Germany for their words of welcome and farewell, and all participants! ●



The article on the Action against AIDS Germany-website can be read here in addition to a recording of the firesite chat:

<https://www.aids-kampagne.de/aktuelles/2023-11-23-es-wird-jetzt-verstanden-dass-die-klimakrise-auch-eine-gesundheitskrise-ist>



## G7- and G20-processes in Italy and Brazil – political context

In recent years, the group of G7 states – Germany, France, Great Britain, Italy, Japan, Canada, the US and the European Union – willingly positioned itself as a community of values, an association of industrialised powers that are committed to democratic values, that take human solidarity seriously and are ultimately the antithesis of increasingly totalitarian tendencies. Historically, this is also reflected in Russia's exclusion in 2014. However, and of all countries, the Russian Federation was the regular organiser of the informal G8 process that year.

Text: Marwin Meier and Peter Wiessner, Action against AIDS Germany

Photo: Tim Mossholder / Unsplash

In response to the illegal annexation of Crimea, the remaining seven industrialised nations moved the process to Brussels and under the EU's wing. The G7 presidency will be held by Italy this year, followed by Canada in 2025.

### What does the "community of values"-postulate have to do with the topic of "global health"?

Firstly, the establishment of the Global Fund to Fight the HIV, TB and Malaria Epidemics is important in this context. The fund was initiated in 2001 during the G8 summit in Genoa. Its establishment is still considered a good example of solidarity in action today: In 2001, the extent of the injustice caused by unequal access to medicines between industrialised nations and countries of the global South was abundantly clear. This continues to be the case, even though the fund is still underfunded: 9.2 million people still have no access to life-saving HIV treatment. Every minute a person dies from the consequences of the immunodeficiency disease<sup>13</sup> and every minute a child dies from malaria.<sup>14</sup> Access to health is a political decision.

With its geopolitical implications and the catastrophic inequality of access for low-income countries, the coronavirus pandemic has once again called the G7's union of values into question. Although the G7 repeated the "we're all in this together"-rhetoric, their concrete actions fell far short of their grandiose proclamations. The protection of domestic markets and national interests clearly took centre stage. Instead of distributing scarce vaccines fairly to countries in the global South, they were hoarded and sometimes destroyed due to existing and non-transparent agreements with the industry.

<sup>13</sup> UNAIDS Global AIDS Update, 2023 <https://thepath.unaids.org/>

<sup>14</sup> Malaria no more: <https://malaria.nomore.org.uk/sites/default/files/Malaria-factsheet.pdf>

## The word “hypocrisy” describes the situation very well

It comes to no surprise that the ‘unruly chapter’ of global health quickly disappeared from the host countries’ list of priorities. This does not mean that it is not an issue. Even under a right-wing Meloni government in Italy, the dangers of increasing antibiotic resistance are being addressed, and the Italian government is organising its own event on microbial resistance. Other key topics include “global pandemic prevention,” “pandemic treaty,” “One Health” and “healthy, active ageing.”

The situation is currently very different regarding the G20 summit planned for November 2024 and the processes underway. With the president of the host country Brazil Lula da Silva, there is a government

in the role of inviting and proposing topics that are clearly in favour of debt relief, equality, a reform of taxation and the elimination of hunger. In the area of global health, Brazil focusses on local production of medicines and vaccines, health equity, digital health and climate change and health.

In both processes, there is formal consultation with non-governmental stakeholder groups such as business, young people, women, science, and civil society. Action against AIDS Germany is now

actively involved in the respective working groups on health and coordinates the working group in Germany. Prior to the respective summits, we take part in the civil society exchanges with the Federal Chancellor’s chief negotiator, the so-called Sherpa.

In addition to the content-related topics, the declining space for civil society engagement and expression of opinion is also repeatedly emphasised. In some host countries in recent years, there were massive restrictions and even intimidation to some extent – this applies particularly to the G20 presidency in India.

For this reason, Action against AIDS Germany deliberately decided to address the informal G7 and G20 dialogue formats in addition to the United Nations because potentially, positive signals can be sent here. The heads of government in both formats are usually in favour of supporting the Global Fund. This momentum must be encouraged and demanded by civil society. ●



↑ First meeting of G7 foreign ministers under Italian presidency on 17 February 2024 in Munich (Photo: US Department of State)



## UN HLM on AMR and Summit of the Future

Is less more? – Certainly not when it comes to civil society participation! An outlook on the High-Level Meeting on Antimicrobial Resistance 2024

‘Less is more’ is a common credo. Three high-level meetings on global health issues were held on the margins of the UN General Assembly in New York last year – on pandemic prevention and response, on universal health coverage and on the fight against tuberculosis. However, in the end, the results were rather sobering and fell far short of the hopes placed in them.<sup>15</sup> In addition to general doubts as to what (lasting) effect such UN High-Level Meetings in New York can have, many observers last year were left with the impression: Less is more.

### Will there be soon 10 million deaths per year due to AMR?

This year, the attention of the global health community during the UN General Assembly is focussed on just one High-Level Meeting (HLM) – on a no less important topic: Antibiotic resistance. This problem is closely interwoven with the global health challenges that will be discussed at the same venue in 2023.<sup>16</sup> This is because antimicrobial resistance (AMR) is one of the greatest threats to public health and development worldwide. Antimicrobial resistance directly causes over one million deaths per year and contributes to further 5 million deaths annually. Forecasts even predict an increase to 10 million deaths per year by 2050. According to figures by the Global Burden of Disease Collaborative Network from 2019, more people lose their lives to AMR than to HIV/Aids and malaria.

↑ UN Secretary-General Ban Ki-moon and other participants at the UN HLM on AMR on 21 September 2016 (Photo: UN Photo/Laura Jarriel)

Text: Jan-Thilo Klimisch, Christoffel-Blindenmission (CBM) / VENRO working committee on health

Note: The text was written before the multi-stakeholder hearing on 15 May and before the Zero Draft was available.

<sup>15</sup> See the retrospective VENRO blog article from 2023: <https://blog.venro.org/no-time-for-neglect-aufregung-ueber-hotelzimmer-tv-statt-rueckenwind-fuer-globale-gesundheit/>

<sup>16</sup> See for example the AMR-positions on UHC 2030: [https://www.uhc2030.org/fileadmin/user\\_upload/UHC2030\\_key\\_messages\\_on\\_AMR.pdf](https://www.uhc2030.org/fileadmin/user_upload/UHC2030_key_messages_on_AMR.pdf)

## Vulnerable groups face disproportionate risks

Therefore, it is positive that this topic is high on the international agenda. A particular focus should be placed on people in vulnerable living situations, as they are disproportionately affected by AMR risks – such as children, women, and people with disabilities. The data on antibiotic resistance in low- and middle-income countries is still extremely inadequate. Environmental factors responsible for the spread

of AMR also need to be better researched and taken into account.

After all, it is not only the misuse and over-use of antibiotics that contributes to the development of resistance. Pesticides, toxic chemical substances, biocides, microplastics, nano plastics and heavy metals are also being identified increasingly in studies as relevant factors for the spread of AMR.

## Affected groups and local communities should be included in a better way

Less is more – this may be correct in some contexts, but it is the wrong recipe for improved and continuous involvement by civil society! In the run-up to last year's High-Level Meetings, there was at least one innovation in terms of the inclusion of non-governmental voices: For the first time in May, multi-stakeholder hearings on the topics of the HLMs were organised at UN headquarters. This practice will continue in 2024. The existing zero drafts (drafts for the final political declarations) could already be commented on in 2023, whereas the zero draft for the AMR HLM this year is not to be presented until five days after the hearing by the co-host states Barbados and Malta. This more than questionable scheduling raises considerable doubts as to whether content from the consultation

will be incorporated into the text. Moreover, no further consultations with civil society actors are planned.

The composition of the multi-stakeholder hearings also gave rise to some criticism last year, as did the accompanying panels of the high-level meetings themselves. There is still a lot of room for improvement in terms of transparency concerning the selection of speakers and equal opportunities regarding access to the UN stages. This is particularly true when it comes to the inclusion of civil society groups, local communities, and self-representations from countries of the Global South – although they are actually equipped best to bear witness to their situation and needs.

## Accountability and independent monitoring largely absent

The HLM on AMR on 26 September is not the first of its kind. A high-level meeting on the same topic was held back in 2016 and adopted a very succinct 6-page final declaration.<sup>17</sup> Much of it is still relevant, but unfortunately a lot of it is still not implement-

ed. Ultimately, what such declarations are always devoid of is a lack of commitment, indicators, accountability mechanisms and independent monitoring. In this respect, much more would be desired. ●

<sup>17</sup> <https://digitallibrary.un.org/record/842813?v=pdf>



### MEMBER ORGANISATIONS INTRODUCING THEMSELVES

## First leprosy – now HIV: Making a difference together in friendship!

Supporting marginalised and stigmatised people in Africa for more than sixty years: the *Aktion Canchanabury*

Since 1992, Aktion Canchanabury, a Bochum-based NGO, has been working with its project partners to support children who lost their parents to Aids and people affected by HIV who are marginalised from their social community. Back then, the question of what would happen to all the children orphaned by the rapidly growing epidemic had hardly been addressed in Germany.

The campaign now supports health projects in eight countries. It supports over 2,500 orphans with school education, awareness programmes and medical and social care measures. With the project partners in Africa, many people are reached in very different ways in Ugan-

Text:  
Aktion Canchanabury e.V.,  
Henriette Roos, coordination  
Aids projects

Photos:  
Aktion Canchanabury e.V.



Photo:  
Awareness campaign at  
the bus station in Togo



Photos: Educational  
work with sketches

da, Burundi, Kenya, Togo, Burkina Faso, Zimbabwe, Niger and Sudan. The teams provide local information about the virus, the course of the disease and the risks of infection, for example at bus stops and marketplaces, but also in health institutions and educational establishments. The partners also offer medical aid, social and psychological support to those affected; this often takes place in self-help groups, church organisations and schools. Particularly supported are children who – due to the loss of their parents and family members – are defenceless, in need, and often completely alone.

## Sustainability through connectedness

The sustainability of the way the projects work can be noticed during project monitoring and evaluation: Many children who benefited from Aktion Canchanabury's various programmes and currently have a paid job after completing their education now support other children in need. The project partners often remain contact persons and confidants beyond the funding period and manage to encourage the young adults to take in and support children in need themselves. Many also remain active in awareness-raising and educational work and set up new self-help groups.

## Long-standing partnership with Action against AIDS Germany

Due to its size (two full-time employees), Aktion Canchanabury's regional reach in Germany is limited; this means that its domestic development work does not reach many people. With limited human resources, it is difficult to publicise on the topic of HIV and its significance for those affected in Africa to the German public. There is also a lack of human and financial resources for intensive lobbying. Partners are needed here!

In 2002, Aktion Canchanabury took part in the first meeting of the initiative group "Action against AIDS Germany." The founding meeting was a highly motivating experience, as the topic of Aids had previously been discussed primarily with African partners. It was a new experience to see so many committed people all pursuing the same goal in one's own country. The opportunity to show solidarity with people affected by HIV in conjunction with other NGOs had to be seized. This network made it possible for the small NGO "from the Ruhr area" to join a network capable of taking action and to jointly keep the issue of HIV/Aids on the political agenda in Germany. Aktion Canchanabury has supported Action against AIDS Germany from the very beginning and continues to benefit from its excellent lobbying and campaigning work in the sense of its claim:

"Together in friendship we make a difference!"

Many thanks to all those who – in the interests of those affected – have brought the alliance a little closer to the common goal over these many years and have achieved a great deal! ●



Image:  
Logo of Aktion  
Canchanabury e. V.



Learn more:

[www.canchanabury.de](http://www.canchanabury.de)

# List of acronyms

<b>ACT UP</b>	AIDS Coalition to Unleash Power
<b>Aids</b>	Acquired Immune Deficiency Syndrome
<b>AMR</b>	Antimicrobial Resistance
<b>DAC</b>	Development Assistance Committee
<b>DSW</b>	Deutsche Stiftung Weltbevölkerung
<b>GFATM</b>	Global Fund to Fight Aids, Tuberculosis and Malaria
<b>HIV</b>	Human Immune Deficiency Virus
<b>IAC</b>	International Aids Conference
<b>IDA</b>	International Development Association
<b>LGBTIQ+</b>	Lesbian, Gay, Bisexual, Trans, Intersex, Queer. The + symbolises people living with HIV
<b>TB</b>	Tuberculosis
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>WHO</b>	World Health Organization

# Further definitions

- **Sustainable Development Goals (SDGs)**  
The 2030 Agenda is a global plan to promote – for example – sustainable peace, health and well-being, education, gender equality and reduced inequalities. It includes 17 Sustainable Development Goals. Goal 3 means: Ensure a healthy life for all people of all ages and promote their well-being.
- **Queer**  
Queer can be an umbrella term or a self-description. In the 1980s and 1990s, the word was a slur used by homophobic people; queer people then appropriated the term. The word is used by people whose gender or sexual orientation differs from cis- and heteronormativity.

# Dates

<b>25–27 July 2024</b>	54th UNAIDS Programme Coordinating Board, Geneva
<b>22–26 July 2024</b>	International Aids Conference (IAC), Munich
<b>22–23 September 2024</b>	Summit of the Future, New York
<b>26 September 2024</b>	UN High Level Meeting on Antimicrobial Resistance (AMR), New York
<b>07–08 October 2024</b>	Hamburg Sustainability Conference (HSC)
<b>13–15 October 2024</b>	World Health Summit (WHS), Berlin
<b>18–19 November 2024</b>	G20 Summit, Rio de Janeiro
<b>27 November 2024</b>	Action against AIDS Germany's general meeting and plenary assembly (virtual)
<b>10–12 December 2024</b>	55th UNAIDS Programme Coordinating Board, Geneva

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## Impressum

Published in June 2024

Published by:  
Action against AIDS Germany  
(Aktionsbündnis gegen AIDS e.V.)

Represented by: Klaus Koch

Editorial office:  
Sylvia Urban, Peter Wiessner,  
Arden Meridian, Sophie Meier

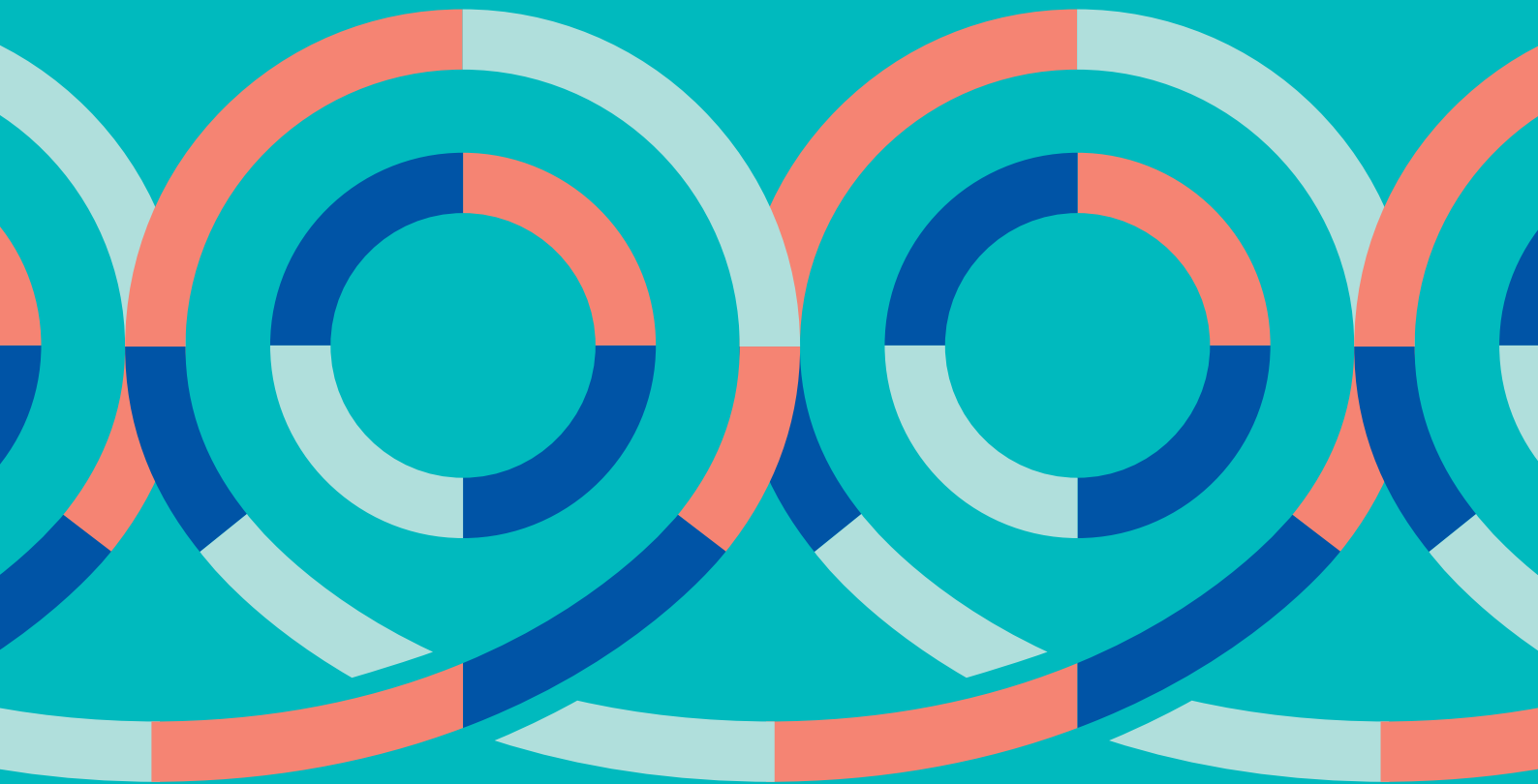
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Design:  
Alexander von Freeden – [LaikaLaika.de](http://LaikaLaika.de)

Climate-neutrally printed  
on recycled paper.



[www.aids-kampagne.de](http://www.aids-kampagne.de)