

Championing a world without Aids

By Bryan Teixeira

This article was written on the occasion of our online conference "Global Health Champion Germany?!" held on World Aids Day 2021. From HIV to SARS-CoV-2. What have we (not) learned?". We asked Bryan Teixeira to write about his impressions of the final session of the conference, "Investing in a World Without Aids, Tuberculosis and Malaria", with a particular focus on the perspective of communities living with HIV, TB and malaria. We have asked for no objective account of the discussions and proceedings of the session. We thank Bryan for his reflections!

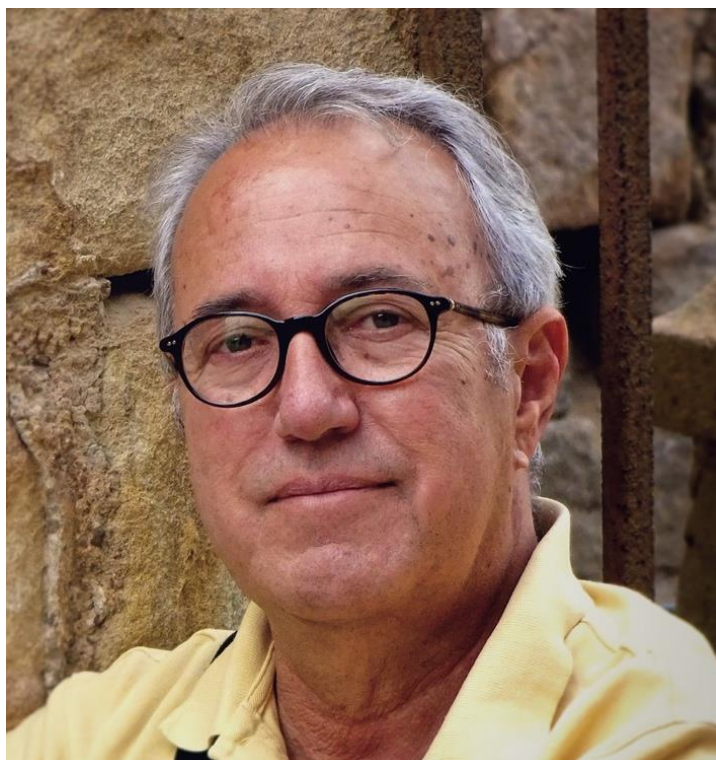


Photo: Bryan Teixeira

What are the right arguments to maximise Germany's investment in the 7th replenishment of the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM)? That all depends on what we mean by 'right' arguments. Are we referring to what is most fair, equitable, ethical, principled? Or are we referring to what is do-able, feasible, realistic? In addition, there is the question of 'right' according to whom, e.g. the German government, German civil society, GFATM, people living with and affected by Aids?

Importance of strong health systems

A key element of any successful argument is ensuring that it takes into account the audience to which it is addressed: what does this specific

audience need in order to be convinced? A key audience as far as the German decision on the 7th replenishment is the incoming 'traffic light coalition' government. No doubt, some

government legislators are well informed and aware of GFATM and global health needs relative to Aids: they don't need much argumentation. Others may need how-to

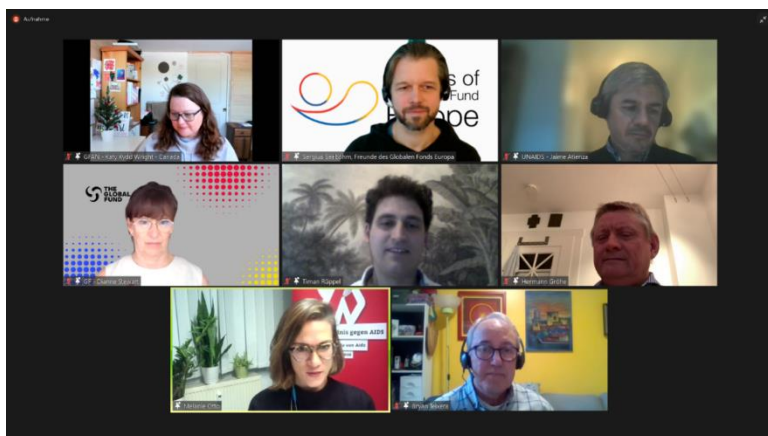
information, e.g. how to deliver Germany's part in the investment case proposed by GFATM. But perhaps the majority will also need varying degrees of evidence or proof that GFATM is a good investment, e.g. their funding model works and can be shown to be successful. And some few may never be convinced, no matter what the argument.

One of the learnings from the current Covid19 pandemic is that the weaker the health system, the bigger the negative impacts are likely to be. For example, countries with weaker health systems or who have in the recent past disinvested or not kept adequately funding their health systems are struggling to respond to the need for hospital and intensive care beds and trained staff. Even as significant new funding has attempted to respond to Covid19 once it was already established globally, major gaps are being exposed in our health systems. We have fallen behind in addressing mother-to-child transmission of HIV as well as in the number of people initiating HIV treatment and accessing TB treatment; work on fighting malaria has stagnated; and human rights violations have increased relative to men who have sex with men, protecting health workers, and assuring global access to affordable vaccines.

In her message on World Aids Day 2021, the UNAIDS Executive Director Winnie Byanyima stated:

On our current trajectory, we aren't bending the curve fast enough and risk an Aids pandemic lasting decades. We have to move faster on a set of concrete actions agreed by United Nations Member States to address the inequalities that are driving HIV.

Putting investments on the right track



If we don't get our investment levels right, then we can look forward to decades more of the HIV pandemic rather than seeing the end of Aids as a public health threat by the current agreed horizon of 2030. So far, since the start of the AIDS pandemic, the global Aids death toll is just under 40 million lives. Not fully funding GFATM's 7th replenishment means allowing the continuation and possible increase in lives lost.

Screenshot: Session III „Investing in a World Without Aids, Tuberculosis and Malaria“

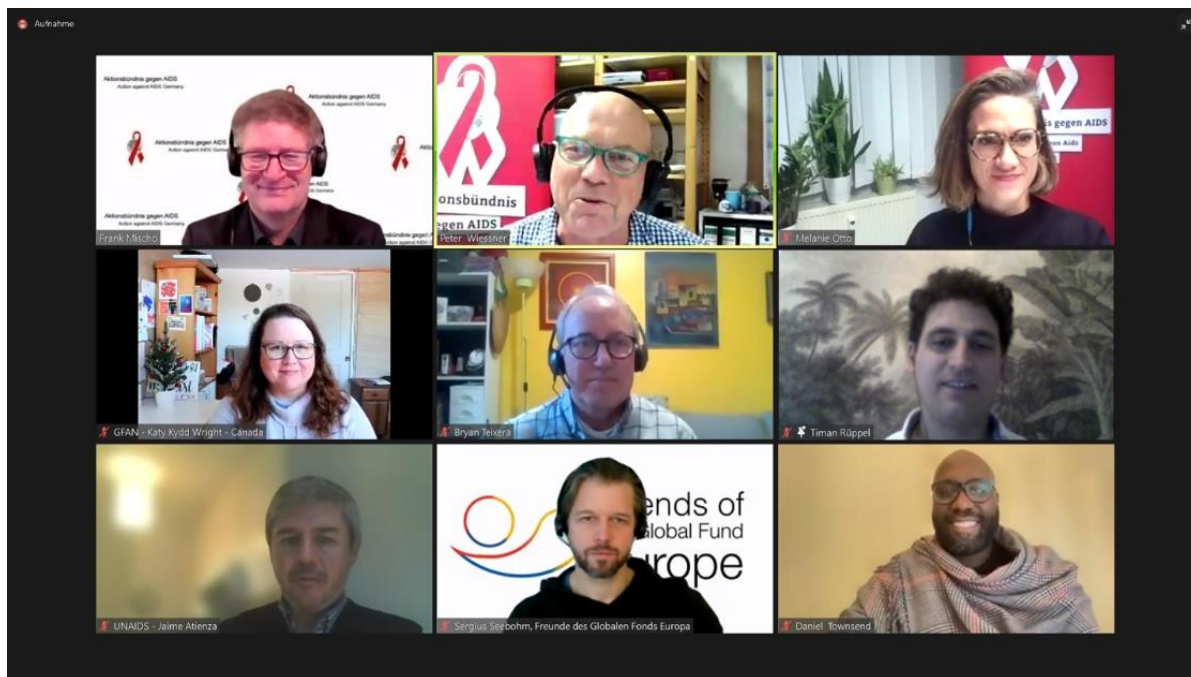
In addition, if Germany does not fully fund the 7th replenishment, it will be damaging its international reputation as a leader in global health. The German Parliament has been a long-standing supporter of GFATM and UNAIDS, including its rights-based, anti-stigma and community-led approaches. Along with other members of the UN General Assembly, Germany is committed to the UN's 17 Sustainable Development Goals which underpin the drive to end the epidemics of Aids, tuberculosis and malaria by 2030 (SDG 3.3). Germany was one of 165

members of the UN General Assembly that voted for the Political Declaration on HIV and Aids in June 2021; four countries (Belarus, Nicaragua, Russian Federation, and Syria) voted against this Declaration and there were no abstentions. The Declaration includes a commitment to fully fund the HIV and Aids response to US \$29 billion by 2025; it also acknowledges renewed commitments from bilateral and multilateral donors, of which GFATM is one of only two specifically mentioned,

to fund remaining resource needs, especially for HIV responses in countries with limited fiscal ability, and those whose economies have been severely affected by the COVID-19 pandemic, with due attention to the financing of services for populations being left behind, peer-led HIV responses and societal enablers. (66b)

The coalition agreement of the new German government makes some reference to patient rights and involvement, at least within the area of regulating pharmaceuticals and medical devices. The agreement also refers to cross-government systems strengthening, specifically relative to digital innovation and infrastructure. So there is reason to hope that the new government will build on the successes of the past and at least continue if not increase its support and leadership relative to GFATM. Fully funding the 7th replenishment is in effect an opportunity for the new government to demonstrate its vision of global health as well as the strong political and financial leadership needed to deliver Germany's commitments to ending Aids by 2030.

Support for communities as key of a successful HIV response



Screenshot: Session III „Investing in a World Without Aids, Tuberculosis and Malaria“

Fully funding the 7th replenishment makes good sense. GFATM's funding model works: it has a proven successful track record. It is dedicated to ending the epidemics of Aids, tuberculosis and malaria. To date, GFATM has saved about 44 million lives and halved

HIV infections. Its return on investment is sizeable. GFATM knows from experience that weak community responses to the Aids pandemic lead to overall weakness in a nation's Aids response. As a result, GFATM focuses on activities in communities, e.g. collaboration on the ground between locals, community-led interventions, expanding community spaces, rights-based approaches that fight inequality, and strengthening community-led health systems. For over 15 years, there has been the goal of 'Health in All Policies' (HiAP) in Europe: the intention to integrate health considerations into policymaking across all sectors of governments in order to improve the health of all communities and people. It took Covid19 to leapfrog European nations into HiAP. After spending trillions on the Covid19 response, there is little question now about the relevance and value of prioritizing health budgets. The Covid19 pandemic continues to be a strong reminder that health investments are 'hard' investments that bring benefits across the policy field and specifically relative to supporting stable and prosperous economies. This reality was not lost on GFATM that raised and spent an additional US \$4 billion for the Covid19 response.

In conclusion, the 'right' arguments to maximize its investment in the next GFATM replenishment need to be varied and targeted if they are to resonate with the diverse concerns and perspectives of the members of the German Parliament. Fundamentally, they need to be political arguments. The 'right' arguments will demonstrate which actions hold the most risk and potential for loss, and which actions demonstrate the strongest chances for success. Not fully funding the 7th replenishment is a recipe for failure: there will be significant loss of life and increase in HIV infections beyond the global target of 2030. On the other hand, full funding saves lives and strengthens Germany's leadership as a global health champion in ending inequalities and Aids.

The author: Bryan has over 25 years' experience working at a senior level in NGOs in Europe and Canada almost exclusively among marginalised communities and mainly in the fields of sexual and mental health. Prior to becoming a full-time freelance consultant in 2012, he was the CEO of NAZ (London) for 11 years, one of the foremost UK organisations focused on the sexual health needs of migrants and ethnic minorities from a diverse range of sexual identities. He served for 3 years on the NGO Delegation on the Coordinating Board of the Joint UN Programme on HIV/AIDS (UNAIDS) as Delegate for Europe, bringing the voice of marginalised communities to that body. And for 10 years he was the UK National Focal Point for the EU project: AIDS and Mobility Europe which focused on migrant and mobile populations in Europe. As a senior consultant working with European NGOs, he focuses on organisational effectiveness and change, partnership and collaborative working, user involvement, strategy planning, and policy development. He holds a PhD in psychology with specialisation in organisational development. Bryan is originally from Guyana and now lives in France.

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