

Get Back on Track To End the Epidemics

#endtheepidemics



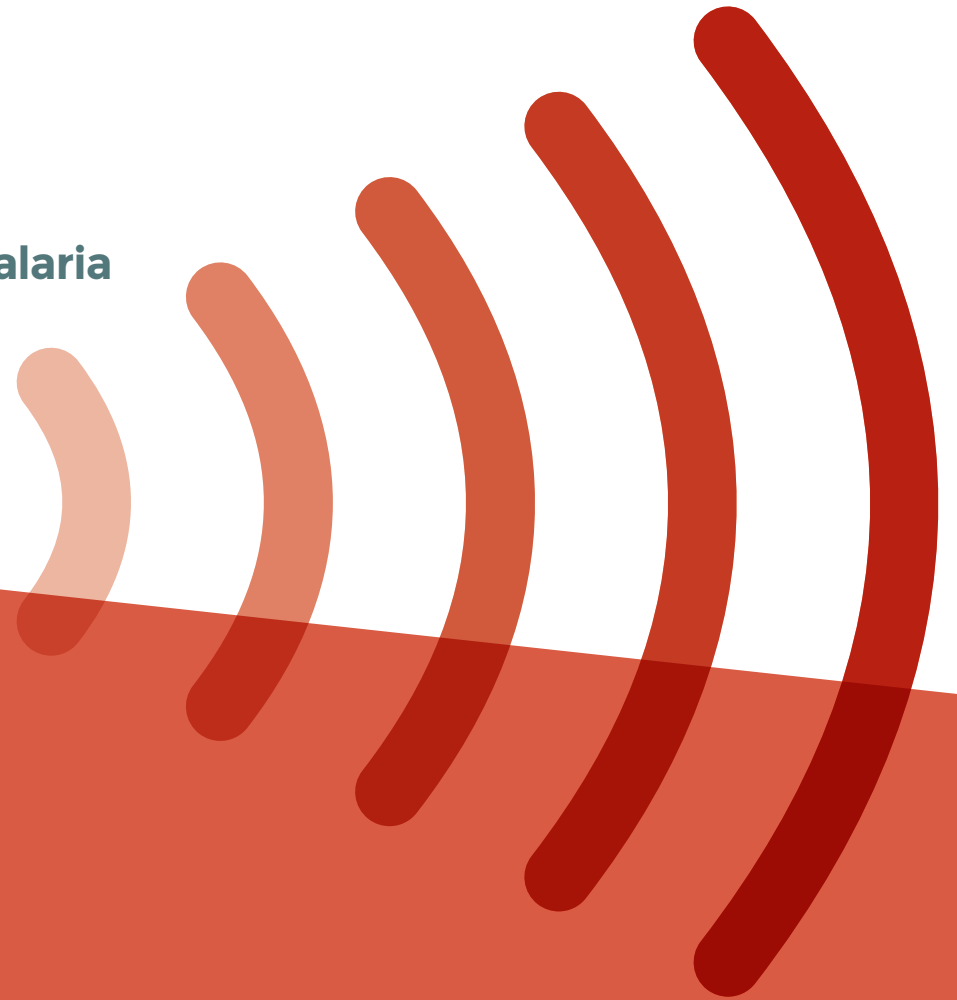
GFAN sounds an alarm!

Without action, the epidemics of HIV, TB, and malaria will persist and potentially resurge.

Get Back on Track to end the epidemics of HIV, tuberculosis, and malaria

Global Fund Advocates Network - July 2018

Executive Summary





GFAN unites voices and efforts from all over the world to support a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria

Ending the three epidemics is possible. **But there is a warning.** Significant increases in international funding are needed, immediately, if the global goal to end the three epidemics is to be met.

Executive Summary

In 2015, through the Agenda for Sustainable Development, the world committed to end the three epidemics of HIV, tuberculosis (TB), and malaria by 2030.

These three infections are leading global causes of premature deaths and disability. Campaigns against the three diseases have saved lives and have contributed greatly to broad capacity for health care in every country. A major push to finally end the three epidemics could deliver enormous humanitarian, development, economic, and security benefits for the world.

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Ending the three epidemics is possible. The world has the medicines, evidence-informed and effective interventions, and other tools to make consistent progress. Total world investment across all health priorities has been increasing, driven in large part by increased spending from governments in low- and middle-income countries. And, since 2001, positive momentum against all three diseases has led to some major achievements:

- ✓ Life-saving HIV treatment had been provided to 20.9 million people by the end of 2016, far more than half of all people living with the virus, and the number of people newly infected each year has dropped by half during the past decade.
- ✓ Global rates of TB cases have been driven down by 1.5% annually, and there has been a 30% decrease in TB-related deaths since 2002, saving more than 50 million lives.
- ✓ Annual malaria incidence rates have been cut by 37% worldwide since 2000, and annual malaria mortality rates have been cut by 60%. This progress translates into almost 7 million lives saved, most of them infants and children.

These successes are remarkable, but there are doubts they can be sustained and accelerated as needed. In this report, the Global Fund Advocates Network (GFAN) sends a warning:

New data show that the world is not on target to end the three epidemics and will not meet 2030 targets without significant increases in funding.

A summary of recent data and trends underscores the challenges:

- ! **HIV** is the leading global cause of early death among women ages 15–49 and causes over 5% of disability among adults ages 15–49. A total of 37.6 million people now live with HIV, and 1.8 million become newly infected every year.
- ! **TB** is the world's most lethal infectious disease, with over 10 million new cases each year, an estimated 1.8 million deaths annually, over a quarter of the world's population carrying latent TB infection, and many more at risk for infection and illness.
- ! **Malaria** infected an estimated 216 million people in 2016, killing 445,000 people, including 285,000 children under the age of five. Malaria remains a major killer of children, taking the life of a child every two minutes.



These infectious diseases are dynamic and ready to resurge quickly wherever public health efforts begin to falter.

Troubling signs indicate that the world's response to the three epidemics has lost momentum, putting at risk the progress made during the past decade, with tragic costs to people's lives, economies, health security, and sustainable development:

Adolescents and young women remain at high risk for all three diseases, just as the world's largest-ever generation of young people come of age in low- and middle-income countries.

Key populations for each of the epidemics continue to be neglected by health systems and confronted by deep social, legal, and economic disparities that contribute to poor health.

Community-led and community-based programs are severely under-resourced, even though communities affected by HIV, TB, and malaria are crucial actors in promoting and supporting health, addressing structural causes of health risks and health disparities, holding health systems and governments accountable, and ensuring sustainability and effectiveness of health efforts.

Authoritarian and regressive political forces in many countries are undermining the rule of law and respect for human rights, impairing people's ability to seek health care or organize and advocate for their health and rights.

All three epidemics are experiencing growing drug resistance, and actions to forestall further resistance – such as targeted health services, expansion of community-based health support, and roll-out of new drugs and diagnostics – are not at sufficient scale.

Access to medicines and health is under threat by some influential for-profit interests. Some pharmaceutical companies, along with politicians and trade negotiators working for the interests of the for-profit sector, are taking actions to extract maximum profits and prevent use of TRIPS flexibilities. Such actions come at the expense of national budgets and out-of-pocket spending by patients and households, and in many cases at the expense of people's access to affordable medicines and advancement of public health.

International development assistance for health from the world's wealthiest countries has plateaued, with insufficient levels of aid allocated to responses against the three epidemics and destructive withdrawal of external aid from low- and middle-income countries.

Many low- and middle-income countries are not ready to fully scale up programs against the epidemics because of weak health systems; lack of appropriately targeted programs, including community-based programming; and domestic political and economic challenges in mobilizing resources for health.

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Global institutions, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization (WHO), UNAIDS, the Stop TB Partnership, and the RBM Partnership to End Malaria (formerly known as Roll Back Malaria) have set ambitious targets.

But data now show that the world will not meet those global targets set for 2020. Global strategies, sustainable development targets, and political slogans have diverged from the realities faced in implementing countries.

If the world only maintains current levels of investments and programming against the three epidemics, global targets for 2025 and 2030 will be unattainable.

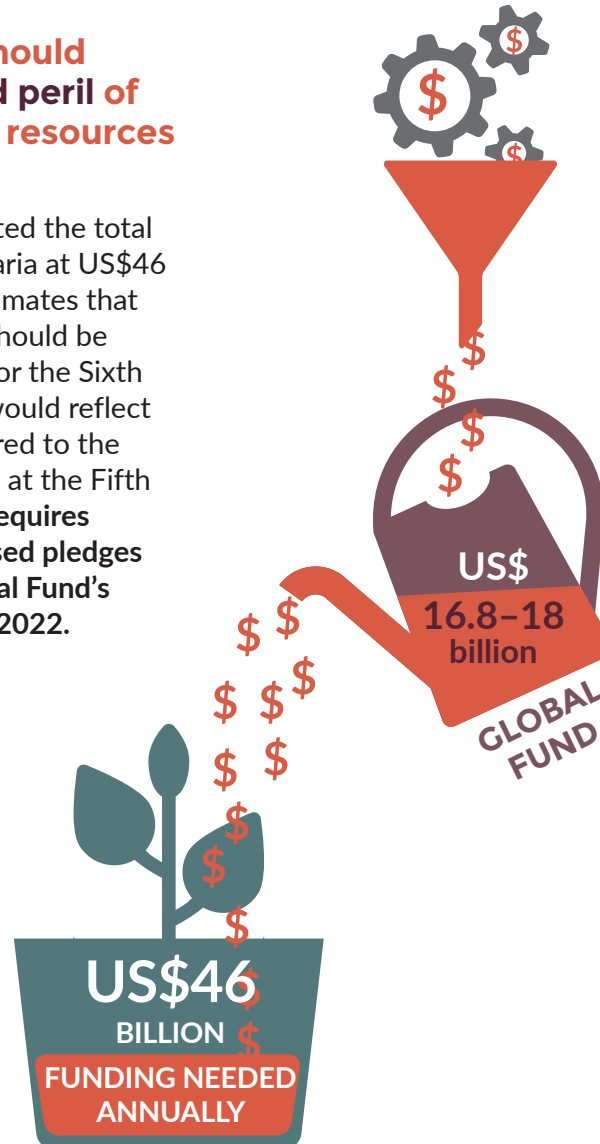
Flat or declining funding from international donors, with an assumption of progress through greater efficiencies and increased domestic investment in implementing countries, will drive the world off-course in its attempts to control and end the epidemics. Flat funding pushes the world off-track.

The world risks losing control of all three epidemics. Uncontrolled and potentially worsened epidemics will cost countless lives, undermine economic and human development, and threaten the health security for all people on the planet.

GFAN as a global health coalition **calls for immediate action** to get back on track to end the three epidemics.

1. Donor governments and implementing countries should recognize the urgency and peril of the situation and mobilize resources without delay.

The technical partners have estimated the total funding need for AIDS, TB and malaria at US\$46 billion annually, of which GFAN estimates that at least US\$16.8 to US\$18 billion should be invested through the Global Fund for the Sixth Replenishment (2020-2022). This would reflect a minimum increase of 22% compared to the US\$11.9 billion announced pledges at the Fifth Replenishment (2017-2019). **This requires donor governments making increased pledges – as early as possible – to the Global Fund’s imminent replenishment for 2020-2022.**



2. Policy experts and decision makers must acknowledge, articulate, and draw attention to the ways in which HIV, TB and malaria efforts are off-track and update strategies to bring epidemic responses back on course to ending the three epidemics.

3. Global technical partners, notably WHO, UNAIDS, and the Stop TB and the Roll Back Malaria partnerships, must re-examine current progress and challenges and recalculate current epidemic trajectories and global resource needs.

4. The Global Fund, given its record of success and central role in financing epidemic responses, should be ambitious in setting replenishment targets for the 2020-2022 funding cycle and be forceful in communicating the costs of inaction.

5. Advocates should boldly demand increases in international aid for health, including for programs against HIV, TB and malaria, and should press all governments to build resilient and sustainable systems for health and commitments to health for all.

Advocating for increased funding for the Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria is now developing an investment case and a sixth replenishment process to mobilize resources to meet its targets over the three years 2020–2022.

The investment case and replenishment process will be informed by epidemic response targets and investment need calculations produced by WHO, UNAIDS, the Stop TB Partnership, and the RBM Partnership to End Malaria. The Global Fund anticipates launching its investment case and replenishment process at the end of 2018 or beginning of 2019.

In its most recent fifth replenishment, which raised pledges for the years 2017–2019, the Global Fund was able to secure donor commitments of approximately \$13 billion. This was a significant and important amount of funding but represented only a part of the full investment need determined by technical partners.

Advocates should encourage the Global Fund and all international funding agencies to set ambitious targets for programming and investment to end the three epidemics.

Please visit the GFAN website at www.globalfundadvocatesnetwork.org to learn more about upcoming opportunities for advocacy, including:

July 2018

[International AIDS Conference \(AIDS2018\)](#)

September 2018

[United Nations High-Level Meeting on TB \(TB HLM\)](#)

October 2018

[World Health Summit](#)

October 2018

[Union World Conference on Lung Health](#)

November 2018

[Global Fund's 40th Board Meeting](#)

November and December 2018

[G20 summit](#)

Other national and regional meetings and processes involving GFAN advocates

Add your voice! The time for action is now.