



**Obama's FY2011 Global Health Budget: response to global AIDS flounders**  
*No real new AIDS funding means canceling expansion, sending patients home to die*

**BACKGROUND:** AIDS programs are working and where treatment has reached communities it has gotten doctors, teachers, parents and farmers back to strengthening communities. But we've reached only 1/3 of those in need—are we now giving up? Next year approximately 3 million *new* people with HIV will need life saving treatment in addition to 10 million currently waiting. Two million people who are already waiting in line will die. The existing global commitment, which Ambassador Goosby has pledged not to waiver from, was to reach universal access by 2010. President Obama's fiscal year 2011 budget essentially flat-lines global AIDS funding. *What do we tell those waiting in line?*

*Ambassador Eric Goosby, Global AIDS Coordinator: "We are committed to universal access."<sup>1</sup>*  
*Obama's Global Health Budget: Virtually no new money for AIDS.*

**THE NUMBERS:** Overall, the President's fiscal year 2011 (FY11) budget request delivered essentially flat funding for global AIDS programs, including:

- \$50 million *cut* from last year's funding for the Global Fund to Fight AIDS, Tuberculosis, and Malaria
- \$141 billion added to global AIDS care, treatment and prevention (not including NIH research)—*but \$100 million of that \$141 million was redirected* into a new, undefined "Global Health Initiative Plus Fund." It is unclear whether this Fund will invest in the AIDS response
- \$41 million in new funding is a 0.6% increase—which results in no funding to scale up to AIDS programs in countries. According to the IMF, inflation levels in Africa alone are approximately 7-10%
- Tuberculosis, the biggest killer of people living with HIV, will see only \$5 million more—a drop in the bucket
- No new funding for the training and retention of 140,000 new professional health workers promised in law
- No funding to correct the double standard in HIV treatment in sub Saharan Africa, where poor people start on outdated treatment regimens no longer used in wealthy nations, and must wait until they are sicker to get drugs

**A STINGY APPROACH TO INTEGRATION WILL FAIL:** Obama's budget includes a description of a "new approach" to global health—where U.S. funding supports a response to AIDS that is *linked* to other health priorities. *In theory* this is a commendable move. But scientific evidence shows that this approach *only works* when programs are fully funded—and successful integration is not cheap. Obama's approach—broadening the response without fully funding AIDS or any other priority—will have serious consequences for people facing HIV, high risk pregnancy, pediatric illnesses or any other preventable or treatable condition. Countries will be forced to freeze their responses to AIDS and other health priorities, rather than pursuing a coordinated approach that actually produces results.

**THE BOTTOM LINE:** As a result of flat funding last year, in FY10, countries are already scaling back their programs. In Uganda, [clinics are being forced to turn patients in need of AIDS treatment away](#) because they have no funding to enroll new patients. In Zambia, rather than expanding support to orphans and vulnerable children, [several programs have been closed and children left without school fees and nutritional support](#). Instead of encouraging scale up of AIDS, tuberculosis and malaria programs, the Global Fund is weighing drastic cuts and caps, because the U.S. and other donors are not keeping their funding commitments.

**CONGRESS MUST ACT:** Without new funding progress on AIDS across the continent of Africa will be halted just as real advances are beginning to take hold.

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