

FACT SHEET: Funding Global AIDS – Promises of the United States



The AIDS crisis worldwide: There are 33 million people living with HIV worldwide. Each year, 2.1 million people die and 2.7 million more are infected. Half of new HIV cases are young people, and more than half are women. AIDS is the leading cause of death for women of reproductive age worldwide. Two-thirds of HIV cases are found in sub-Saharan Africa. And the epidemic continues to expand in the Caribbean and Latin American countries, South and Southeast Asia, and Eastern Europe/Central Asia. 5,2 million people have access to lifesaving HIV treatment in low- and middle-income countries, but ten million need access immediately or they will die within three to four years. Only 45% of pregnant women in need of medicines to prevent mother-to-child HIV transmission have access.

Background on US Global AIDS Activities: The United States of America has led the world in fighting select global health challenges, including supporting the eradication of smallpox and the near eradication polio. More recently, the US has created the largest bilateral funding mechanism for global AIDS programs in the world: the President's Emergency Plan for AIDS Relief (PEPFAR). Additionally, the US has supported the multilateral Global Fund to Fight AIDS, TB, and Malaria. Congress has authorized spending \$48 billion for global AIDS, TB, and malaria programs. However, in recent years, U.S. funding has lagged significantly behind the levels authorized by Congress.

Background on the President's Emergency Plan For AIDS Relief (PEPFAR): In 2003, after an activist campaign to win a multi-year commitment from the President to fund global AIDS programs, President Bush announced the President's Emergency Plan For AIDS Relief (PEPFAR). This was a \$15 billion over-five-year program to fight AIDS in fifteen focus countries. During the first five years of the program (FY2004-2008), the US contributed nearly \$19 billion to fight AIDS (\$6 billion in Fiscal Year 2008 alone), and currently supports treatment for 2.4 million people worldwide. In 2008, PEPFAR was reauthorized for five more years, and Congress agreed that \$48 billion should be spent on AIDS, TB, and malaria during that time, including \$39 billion on AIDS alone.

Since President Obama took office, PEPFAR has not seen a significant increase in funding. From FY2009 to 2010, funding for PEPFAR only increased by 2%, while inflation in Africa was upwards of 10%. Similarly, in his FY2011 budget proposal, President Obama has recommended a very modest, sub-inflation increase. This persistent flat-funding has led to waiting lists for treatment. In Uganda, until recently thousands of people were being turned away from treatment programs because PEPFAR forbid organizations from adding new patients to treatment unless another patient died or was lost to follow up. Thanks to an activist campaign, Ugandan organizations can again add people to treatment. But similar situations are likely to happen in other countries unless the President and Congress keep their promise to increase funding for global AIDS programs. This is especially devastating in light of new evidence that people who have access to HIV treatment are 92% less likely to transmit HIV to their partner, which proves that access to treatment is a vital tool in preventing the spread of HIV.

Background on the Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Global Fund): The Global Fund is a partnership between governments, civil society, the private sector and affected communities. The Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with the three diseases. Since its creation in 2002, the Global Fund has become a main source of funding for programs to fight AIDS, tuberculosis and

malaria, with \$19.3 billion approved for more than 572 programs in 144 countries. It provides a quarter of all international financing for AIDS globally, two-thirds for tuberculosis and three quarters for malaria.

Donors to the Global Fund are mostly wealthy countries, but also include private companies and civil organizations. Countries that wish to apply for Global Fund funding convene a coalition of public, private and non-governmental organizations to write a grant. A Technical Review Panel evaluates that grant based on effectiveness. The Global Fund does not implement programs directly, relying instead on a broad network of partnerships with other development organizations on the ground to supply local knowledge and technical assistance where required. The Global Fund is facing a severe funding crisis. If wealthy countries do not pledge at least \$20 billion over the next three years at the upcoming Replenishment Conference in October 2010, then the Global Fund will have to start cutting funding and scaling back programs that are saving lives around the world.

Remaining needs:

- Overall donor funding for global AIDS has remained stagnant in recent years; indeed it decreased from \$7.7 billion in 2008 to \$7.6 billion in 2009. Congress and the President have used the financial crisis as an excuse to backtrack on the commitment to spend \$48 billion over five years on global AIDS, TB, and malaria. Flat-lined funding from the U.S. has signaled to other wealthy nations to cut or not increase funding. **As a direct result of underfunding, people with AIDS who were promised treatment are being forced to wait in line for AIDS drugs. Too often, they will not make it to the front of the line.** As of 2010, the year that wealthy nations committed to achieve universal access to AIDS treatment, two-thirds of people in need still lack access to life-saving medication.
- In many places in Africa, people receiving HIV treatment must take drugs that have harsh side effects, even though better, less toxic versions (like Tenofovir) have been available for years. These **higher-quality medications should be made available to people receiving treatment.** Additionally, treatment should be started earlier. Evidence has shown that initiation at 350 CD4 cells, as opposed to the current standard of 200 CD4 cells, improves health outcomes dramatically.
- Second- and third-line treatment remains out of reach for millions, as a result of a lack of generic competition. The US must stop promoting excessive intellectual property protections for life-saving medication in the developing world.
- Prevention programs must be based on evidence. Abstinence-only has been proven ineffective (and, at times, harmful). However organizations receiving US government funding are required to write a report if they spend less than half of their prevention budget on abstinence programs. Additionally, the US continues to require organizations to sign a pledge that they condemn sex work before receiving funding. This “prostitution loyalty oath” only inhibits organizations that seek to work with sex workers to reduce HIV transmission.

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