

FULLY FUND THE GLOBAL FUND: ENDING AIDS IN A COVID WORLD



Can we meet our Sustainable Development Goal (SDG) of ending AIDS by 2030? In 2021, the world marked 40 years since the first cases of HIV were reported and 20 years since the creation of the Global Fund. In settings where investments have met ambitions, we have witnessed four decades of progress in tackling one of the most complex and deadliest pandemics of modern times¹. And yet, **the world is no longer on course to meeting our global commitment to end AIDS as a global public health threat by 2030². HIV remains an urgent global health crisis³.**

Then there was COVID-19. In 2020, for the first time since the creation of the Global Fund, we lost ground in the fight against HIV⁴. To date, COVID-19 continues to erode our hard-won successes. Global coordination, solidarity and investment are essential building blocks to help countries and communities quickly identify, contain and prevent public health outbreaks when they occur.

Investments that strengthen health systems and advance community-led HIV responses today also create the infrastructure necessary to ward off the health challenges of the future.

Decision makers have difficult choices to make - choices that will ultimately set the course for the future in terms of the health, social and economic wellbeing of people, households, communities, their country and the international community. This Brief outlines the state of the global HIV response in our COVID world and answers why **bold action and investment in the Global Fund during its 7th Replenishment offers the critical and decisive strategic opportunity to end AIDS by 2030.**

FAST FACTS

The Global Fund is a partnership between donor and implementing governments, affected communities and civil society, the private sector and technical partners. This partnership model is often referred to as the 'gold standard' for international health financing. Fast facts on the latest Global Fund results include:

- **44 million lives saved** since the creation of the Global Fund;
- **46% reduction in the number of deaths** caused by AIDS, TB and malaria each year in countries where the Global Fund invests;
- **54% reduction in new HIV infections** since 2002;
- In the 13 priority countries shouldering the highest HIV burdens, new **HIV infections among Adolescent Girls and Young Women have fallen 41%** since 2010;
- With investment of USD \$1 billion per year, the **Global Fund is the largest multilateral investor in health systems and community-led responses⁶**;
- **USD \$4.1 billion mobilized by the Global Fund through the COVID-19 Response Mechanism (C19RM)** across 108 countries and 21 regional/multi-country initiatives⁷;
- The **Global Fund is now the primary channel to provide grant support to low and middle-income countries for COVID-19** tests, treatments, health commodities such as PPE, and strengthened health systems and community-led responses.



9 billion

for HIV means
saving more lives
like mine

#GetBackonTrack

"Many are born and many are lost to HIV and TB, but what doesn't kill me, makes me stronger. I am a survivor today and through resilience we shall continually confront HIV with bold steps and speak up for all in the fight for a world free of AIDS."

Aaron Sunday, GFAN Speaker

THE URGENCY OF ENDING AIDS

Released for World's AIDS Day 2021, the latest [UNAIDS figures](#) on HIV/AIDS are sobering.

The pace of progress has continued to slow.

In 2020 there were 1.5 million new HIV infections globally, and despite continuous progress in treatment, AIDS continues to kill. In 2020, 680,000 people died from AIDS-related illnesses worldwide.

Women and girls accounted for 50% of new infections globally in 2020⁸, and 63% in Sub-Saharan Africa⁹. Key populations continue to bear the brunt of the HIV epidemic: marginalized communities including sex workers and their clients, gay and bisexual men and other men who have sex with men, people who inject drugs, transgender people, and people living in closed settings such as prisons accounted for 65% of new HIV infections globally¹⁰. **Marginalized communities often live in settings where inadequate political will, funding support, laws and policies inhibit their access to health and social care¹¹ leaving them up to 35 times more at risk of contracting HIV than the general population¹².**

These recent figures reflect in part the impact of COVID-19 on the HIV trajectory. Evidence shows us that people living with HIV are at

heightened risk of severe health outcomes and comorbidities from COVID-19 and yet have less access to COVID-19 related prevention, testing, treatment, and vaccination¹³. The Global Fund's 2021 Results Report notes that for the first time in its history, uptake of key HIV prevention and testing services declined between 2019 and 2020: testing dropped 22%, and the reach of prevention services 11%¹⁴.

The implementation of rapid mitigation measures, by the Global Fund through the COVID-19 Response Mechanism (C19RM) and by affected communities themselves, did avert an even worse backslide. In fact, there even was progress on treatment key indicators. There were an estimated 22 million people on ARVs in countries where the Global Fund invests in 2020, a 9% increase from 2019 despite the impact of the pandemic¹⁵.

HOW HIV INFRASTRUCTURE SUPPORTS UHC: EXAMPLES OF THE GLOBAL FUND'S PIVOTAL ROLE IN STRENGTHENING HEALTH SYSTEMS AND COMMUNITY RESPONSES.

Community systems and community engagement: affected communities, networks of PLHIV, key population groups and civil society allies broaden the reach of COVID-19 testing, PPE distribution, treatment and education; play a central role as advocates, providers and meaningful participants in public health decision-making; ignite innovations in service delivery; ensure people-centred, rights-based gender sensitive tailored approaches through community-led responses.

Surveillance and laboratory capacity: a vital source of PCR diagnostic machines used to diagnose HIV and COVID-19, while monitoring public health trends;

Health care worker mobilization: training, capacity development and support built through HIV programming quickly adapted to provide COVID-19 treatment and care;

Information systems and strategic use of data: mapping health facilities, treatment centres, health commodity stock reports, monitoring uptake in prevention and treatment services;

Procurement and supply chain management: access to optimal, quality assured medicines and health products; strengthening local supply chain capacity; responding to stock-outs and quality assurances; sourcing support.



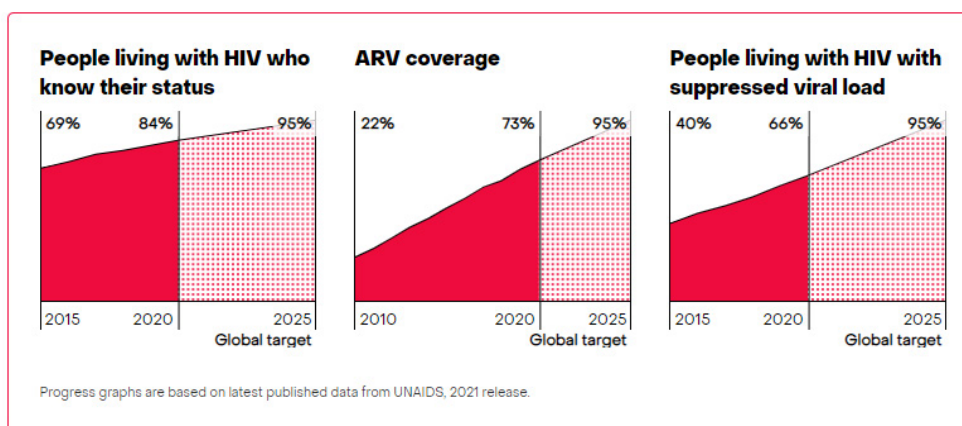
At the 2021 HLM on HIV, UN Member States pledged to meet the ambitious new funding target of USD \$29 billion annually by 2025¹⁶. This would allow 95% of people at risk of HIV use combination HIV prevention services and at least 80% of prevention services for marginalized populations driven provided through community-led programs and services¹⁷. **These investment targets specifically include commitments to ensure a fully funded Global Fund¹⁸.**

The Global Fund has an impressive 20-year proven track record contributing to superior impact and results across more than 120 countries and regions where it invests in HIV, TB and malaria programming. With well-earned international credibility in its partnership model and country-owned approaches, **the Global Fund offers the greatest value for money** reaching communities with services that they need the most.

The **new Global Fund strategy, *Fighting Pandemics and Building a Healthier and More Equitable World (2023-2028)*¹⁹** is an ambitious, forward facing road-map to 2030 aligned closely with the global strategies of UNAIDS and other key technical partners. Investing in the Global Fund means an even greater focus on issues of equity, sustainability, program quality and innovation. It means firmly rooting communities that are most affected by HIV at the centre of our global and country-level responses. It means taking determined action to tackle human rights and gender-related social and structural barriers. It means leveraging the fight against HIV to build more inclusive, resilient and sustainable health system capabilities, supported by robust community-led responses to prevent, identify and respond to the pandemics of today and tomorrow²⁰. **Bold investments now will give the new Global Fund Strategy the teeth and traction necessary to close the gap, reverse the lost ground due to COVID-19, and get us back on track to 2030.**

Financing the response requires an 'all hands on deck approach' - an approach that demands clear and ambitious commitment from all development partners. Increased investments made now will ward off greater resource needs in the future.

Official development assistance (ODA) plays a fundamental role in closing the gap between people who have access to HIV prevention, treatment, care and support services and people who are being left behind. This particularly resonates in today's COVID world where we continue to see the rapid erosion of fiscal space in many low and low- and middle-income countries. In 2020, development assistance for HIV fell drastically by 3.4% from 2019 levels. A drop that signifies an alarming 7% decline since 2017. **We call on donor countries to uphold the 0.7% ODA/GNI target to ensure we meet our collective commitment to end HIV as a global public health threat by 2030.** The Global Fund is showing early success in its work with partners to explore



(Figure 2: **Connecting the Dots: From where we are globally, to where we need to be by 2025.**

and unlock new funding avenues that go beyond traditional aid. However, because the available resources have never matched the global need, glaring funding gaps were already escalating well before the dawn of COVID-19 (Fig. 2).

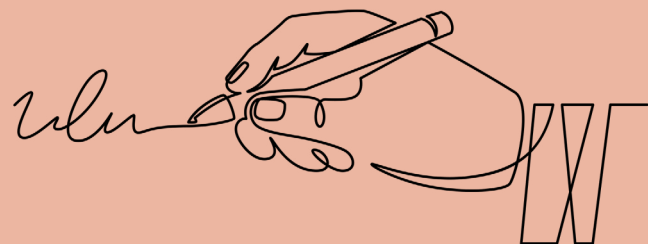
GFAN calls on donor countries to give the Global Fund the means to implement its new, ambitious strategy. We call governments to raise USD \$28.5 billion during the 7th Replenishment, including USD \$9 billion for the fight against HIV/AIDS.



END NOTES

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