

Rationing Funds, Risking Lives: World Backtracks on HIV Treatment

FACT SHEET

Rationing Funds, Risking Lives, the latest report from the International Treatment Preparedness Coalition (ITPC), documents early warnings of the global pullback on AIDS commitment and funding: caps on the number of people enrolled on treatment, more frequent drug stock-outs, and national AIDS budgets falling short.

Our six-country research shows that programs that have achieved hard-won successes against AIDS are now being starved of financial support – which dooms the goals of achieving universal access to HIV treatment, prevention and care, meeting the MDGs by 2015, and building stronger health systems.

AIDS FUNDING CUTBACKS

WRITING CHEQUES THAT BOUNCE

G8 and the Global Fund

Promised: \$10 billion a year
Delivered: \$3 billion a year

2001: Created with the full support of the G8 club of rich nations, the Global Fund was intended to be a “war chest” worth \$10 billion a year.

2008: Paltry donations followed the bold promises and by 2008, donors scraped together only \$3 billion a year.¹ In 2009, ambitious and sound proposals from developing countries were met with “efficiency” or budget cuts of 10–25%.

2011–2013: In March 2010, the Global Fund estimated that it would need \$20 billion over the next three years if it is to expand its funding and help meet the health-related Millennium Development Goals (MDGs).

Donors are using the global economic crisis as an excuse to continue short-changing the fund. Some warn that raising even \$13 billion (the lowest scenario, which would mean a dramatic slow down in pace of delivery) is a “huge stretch.”

President Obama and PEPFAR

Promised: \$48 billion over 5 years
Delivered: Flatlined funding trajectory

2007: Barack Obama pledges \$50 billion over five years for PEPFAR during his campaign.²

2008: U.S. Congress commits to \$48 billion over five years in bipartisan legislation endorsed by candidates Obama, McCain and Clinton.

2010: The global economic crisis is being used as an excuse to flatline PEPFAR funds compared to much higher year-on-year increases in previous years, especially from 2006–2009. The effects are already visible with new patients being turned away from treatment in PEPFAR-funded programs in Africa.

SHORT-CHANGING HEALTH

African leaders

2001: In the Abuja Declaration, African leaders pledged to allocate at least 15% of their annual budgets to health spending.

2007: Of the 52 nations, only three countries (Botswana, Djibouti and Rwanda) attained the target in 2007, while three others (Burkina Faso, Liberia and Malawi) attained the target for some of the period between 2001–2007, leaving 46 countries that have yet to fulfil their commitment even once.

President Obama and the Global Fund

2007: During his campaign, Barack Obama pledges to contribute the United States’ fair share to the Global Fund.³

2010–11: U.S. Congress allocates \$1.05 billion to the Global Fund, which is about \$1.7 billion less than the country’s fair share towards the Fund’s overall needs. In 2011, President Obama is proposing to cut funding to the Global Fund and provide only \$1 billion.

AIDS FATIGUE

Prime Minister Gordon Brown and the Global Fund

Gordon Brown was the UK finance minister when Prime Minister Tony Blair led the 2005 G8 Summit to commit to universal access to HIV treatment by 2010. But once again money did not follow words.

The United Kingdom has committed £1 billion to the Global Fund for the period 2008–2015. This long-term commitment sets a commendable precedent, but the UK is still not paying its fair share. According to the Stop AIDS Campaign UK, the country needs to almost double its annual commitment to contribute its fair share (a total of £827 million, or \$1.27 billion) of the \$20 billion needed by the Global Fund in 2011–13.⁴

Private donors

Excluding funding from the Gates Foundation (which contributed to an overall increase), estimated expenditures by U.S.-based philanthropies remained flat from 2006 to 2007 and decreased slightly (by approximately 3%) from 2007 to 2008.⁵

Total funding for HIV/AIDS by European-based philanthropies was lower in 2008 compared with 2007 by approximately €1.7 million (1%), and total funding has decreased by approximately €5 million (7%) since 2006.⁶

International Treatment Preparedness Coalition (ITPC) is a worldwide coalition of people living with HIV and their supporters and advocates. Visit our website for the full report, with research from India, Kenya, Latvia, Malawi, Swaziland and Venezuela. July 2010

www.itpcglobal.org



Strengthening Community Responses
to HIV Treatment & Prevention

In several countries, the financial sustainability of currently inadequate AIDS treatment programs is in question. PLHIV are struggling to cover the many uncovered costs of OI medications, medical consultations, transport costs, food, and second-line medications, while laws to protect vulnerable and marginalized groups like MSM and sex workers are still lacking. PLHIV encounter discrimination in health care settings, and countries continue to give confusing

advice about infant feeding and use single-dose nevirapine to prevent vertical transmission of HIV contrary to WHO guidelines.

If this trend continues, the result will be suffering and death for millions of people around the world currently living with HIV and the millions more who will be newly infected this year and the years to come.

FIVE CURRENT MYTHS V. CURRENT REALITIES

MYTHS	REALITIES
Too much money is being spent on AIDS	Funding for AIDS is billions of dollars short of what is needed ⁷ <ul style="list-style-type: none"> • Needed in 2010: \$25.1 billion • Invested in 2008: \$13.7 billion • Funding gap for 2010: \$11.4 billion – assuming the world maintains its pre-economic crisis commitment to AIDS.
Money spent on AIDS is at the expense of other health needs or investment in health systems	The total amount of development assistance for health quadrupled from \$5.6 billion in 1990 to \$21.8 billion in 2007 ⁸ – much of this catalyzed by the increased funding and commitments to HIV/AIDS. <p>Although the Global Fund and PEPFAR are among the largest global AIDS funders, they are also some of the biggest investors in health systems, with 35%⁹ and 32%¹⁰ of their respective funding devoted specifically to health systems strengthening.</p>
Strengthening health systems alone will help address health problems including AIDS	Strong health systems alone do not guarantee equitable and universal health care. Past public health approaches failed to reach the most marginalized – women, MSM, sex workers, IDUs, the very poor and those living in rural areas. Health systems need both breadth and focus.
Prevention is more important than treatment	Activists never pit prevention and treatment against each other – on the ground they work together. Treatment can enable more effective prevention by reducing transmission and encouraging testing and prevention makes treatment affordable.
AIDS has been addressed unlike maternal health or other diseases	The AIDS crisis is not over. AIDS activists have been the most effective advocates for health in history. The energy and passion of AIDS activists can be used to build stronger health systems, and tackle maternal and child health – since all these issues are interlinked in the first place. Let's stop pitting disease against disease.

AIDS is not over. World leaders who rushed to plow money and effort into bailing out the financial institutions that caused the global economic crisis cannot justify short-changing a crisis that kills over 5,000 people each day.

1 Global Fund press release, 8 March 2010.

2 Organizing for America website, "A Statement from Barack on Global AIDS Day".

3 Ibid.

4 Stop AIDS Campaign UK

5 Funders Concerned About AIDS. U.S. Philanthropic Support to Address HIV/AIDS in 2008, November 2009.

6 European HIV/AIDS Funders Group (EFG). *European Philanthropic Support to Address HIV/AIDS in 2008*, November 2009.

7 UNAIDS, "What countries need: Investments needed for 2010 targets", February 2009.

8 Ravishankar N, Gubbins P, Cooley R, et al, "Financing of global health: Tracking development assistance for

health from 1990 to 2007", *Lancet*. 2009; 373: 2113–24.

9 The Global Fund to Fight AIDS, Tuberculosis, and Malaria, "Scaling up for impact results report.", 2007:1–112.

10 Piot P, Kazatchkine M, Dybul M, et al, "AIDS: Lessons learnt and myths dispelled", *Lancet*. 2009; 374: 260–63.