

**IS THE
RED RIBBON
FRAYING:**

The Future of the Global AIDS Response

EXECUTIVE SUMMARY

When it comes to responding to a global health threat, the fight against AIDS is without parallel. A surge in political will and funding in the early 2000's led to a massive increase in the availability of lifesaving treatment for the disease, which in turn led to a significant drop in deaths.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Global Fund) has been instrumental in driving this progress. In collaboration with its partners, over the last 20 years The Global Fund has helped reduce AIDS-related deaths by 70% and new infections by 54%.

However, more recently, the fight against AIDS has faced setbacks. Most notably, the effects of COVID-19, climate change, and conflict have made it increasingly difficult for vulnerable people to access prevention and care services. If this alarming trend is not checked, it puts all the progress made since 2000 at risk. To get back on track in the fight against AIDS, TB, and malaria, the Global Fund requires at least US\$18 billion over the next three years.

Worryingly, despite this urgency, some governments are showing signs of retreat from this fight. Without full support from all donors, the Global Fund will fall well short of the US\$18 billion required. This will have damaging consequences in the fight against these diseases:

- 1.** ONE's new analysis shows that every US\$1 billion under the target will result in up to 1.6 million fewer people accessing treatment for HIV over the next three years in countries where the Global Fund invests.
- 2.** Fewer people on treatment puts more people at risk of death and new infection and risks undermining efforts to end the AIDS epidemic as a global health threat by 2030.
- 3.** Falling just \$1 billion short could result in 25 million more new infections or cases across the three diseases in countries where the Global Fund invests over 2024-2026
- 4.** Billions of dollars already invested in the fight against AIDS, TB, and malaria are at risk of being squandered.
- 5.** Falling short of the Global Fund's target will undermine global pandemic preparedness and response. In contrast, a fully funded Global Fund could catalyze US\$59 billion through co-financing requirements and technical assistance on health financing.

This paper examines what is really on the line at this replenishment - and what it could mean for the fight against AIDS for the next 3 years.

PROGRESS AGAINST THE AIDS EPIDEMIC IS PROFOUND, BUT FRAGILE

The world has the momentum and the tools needed to end AIDS as a public health threat by 2030. The global response to date has been highly effective; more than 28 million people living with HIV are receiving life saving treatment and the number of people dying from AIDS has been cut by 68% since its peak in 2004.

While remarkable, this progress is fragile and should not mask the massive challenges that remain. Globally, nearly 10 million people are living with HIV but not receiving treatment. Last year alone, 650,000 people died from AIDS, and AIDS-related illnesses are still among the leading causes of death for women and girls of reproductive age globally. Any regression at this point risks a global resurgence of the epidemic.

Worse, the epidemic is still growing at an alarming pace. Every day, 4,000 people are infected with HIV. The most vulnerable in our communities remain at the highest risk. In sub-Saharan Africa, adolescent girls and young women are three times more likely to acquire HIV than adolescent boys and young men. We are still far off track for reaching the global target of 370,000 new HIV infections by 2025.⁹

THE GLOBAL FUND PLAYS AN IRREPLACEABLE ROLE IN THE GLOBAL AIDS RESPONSE

When the Global Fund was formed in 2002, 1.9 million people died from AIDS and 2.7 million were newly infected with HIV.¹⁰ Treatment options were limited and expensive. Since then, The Global Fund has supported over 23 million people¹¹ with access to treatment, in part by helping drive the price of treatment from US\$10,000 to US\$66 per person per year.¹² Globally, support from the Global Fund and its partners has contributed to a 62% decrease in AIDS-related deaths since 2002.¹³

Even as COVID-19 spread and disrupted health services, the Global Fund and its partners were well positioned to adapt. Within months, they shifted funding and implemented innovations that led to an increase in the number of people receiving treatment in Global Fund supported countries by nearly 9% in 2020 and by 6% in 2021.¹⁴

Despite The Global Fund's efforts across its partnership to respond quickly to COVID-19, each successive wave of COVID-19 has still diverted resources, disrupted services, and threatened to overwhelm health and community systems, increasing the damage to HIV, TB, and malaria programs. The full impact of COVID-19 on the global AIDS response is yet to be seen, but early data from UNAIDS indicate new infections may be on the rise in some regions of the world.¹⁵

SOLIDARITY MATTERS IN THE GLOBAL FIGHT AGAINST AIDS

Against this uncertain backdrop, The Global Fund's Seventh Replenishment in late September hosted by the United States is an opportunity for world leaders to show they are still unified in the fight against AIDS. The goal is to raise at least US\$18 billion to recover ground lost due to COVID-19 and other global crises in the fight against AIDS, TB, and malaria. In order to reach this target, the Global Fund is asking donors to increase their commitments by 30%. This is the bare minimum needed to recapture the losses due to COVID-19 and get back on track in the fight against these three diseases.

Some world leaders, like the United States, Japan, and Germany, have already indicated that they are ready to get the fight back on track with strong early pledges to the Global Fund for 2023-2026. There are fears that other top donors might not meet the moment, which would have profound human impacts.

Figure 1. Billions in the Balance: a closer look at the top 10 donors to The Global Fund by cumulative contributions as of 2021

Donor ¹⁶	0% increase	10% increase	20% increase	Full Ask: 30% increase
1 United States	Full Ask Secured: US\$6 billion			
2 France	€1.3 billion	€1.4 billion	€1.55 billion	€1.7 billion
3 UK	£1.4 billion	£1.5 billion	£1.7 billion	£1.8 billion
4 Germany	Full Ask Secured: €1.3 billion			
5 Japan	Full Ask Secured: US1.08 billion			
6 Canada	CA\$930 million	CA\$1.0 billion	CA\$1.1 billion	CA\$1.2 billion
7 European Commission	€550 million	€605 million	€660 million	€715 million
8 Sweden	SEK 3.0 billion ¹⁷	SEK 3.1 billion	SEK 3.4 billion	SEK 3.7 billion
9 Italy	€161 million	€177 million	€193 million	€208 million
10 Netherlands	€156 million	€172 million	€187 million	€202 million

WHAT'S AT RISK

As the table above illustrates, it is far from certain that the Global Fund will secure the investment it is asking for. ONE has therefore analyzed what is at stake for the next three years.

1. Falling short of the Global Fund's target will reduce the number of people with access to AIDS treatment.

Increasing the number of people accessing HIV treatment each year is one of the most critical components in long-term control of the epidemic. On treatment, a person can live a long and healthy life; they are also less likely to transmit HIV to a sexual partner.

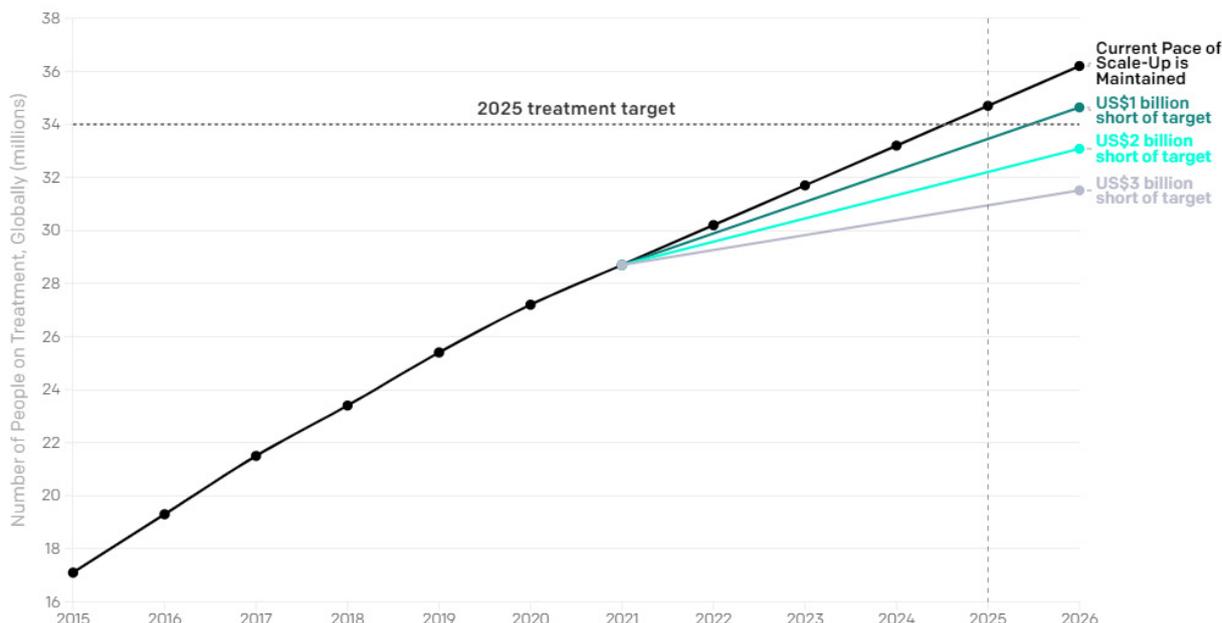
On the current trajectory,¹⁸ the world will reach the UNAIDS target of 34 million people on treatment by 2025. Any reduction in the number of people added to treatment annually would halt this progress.

Worryingly, recent data suggest that the number of people added to treatment each year could be slowing. The 1.5 million people added to treatment in 2021 was the smallest number since at least 2010. There is no margin for deceleration in the response.

In 2021, the Global Fund supported 81% of the 28.7 million people accessing antiretroviral treatment around the world. With full funding, the Global Fund will be able to provide treatment to a total of 28 million people by 2026, but this cannot be done without the full US\$18 billion.¹⁹

Falling just \$1 billion short of this target could result in 1.6 million fewer people accessing treatment in countries where the Global Fund invests by 2026. Any reduction in the number of people added to treatment would guarantee that the world misses the 2025 treatment target.

Falling short of the Global Fund's \$18 billion target will guarantee the world will miss the 2025 treatment target



Sources: UNAIDS (2022) AIDS InfoDatabase; The Global Fund (2022). Methodology: For the current pace of Scale-Up is Maintained scenario: using UNAIDS data, ONE applied the increase in the number of people on treatment globally between 2020 and 2021 (1.5 million people) through to 2026. For every US\$1 billion short of the target scenarios, ONE derived estimates from the Global Fund's calculator on the impact of every US\$100 million invested. The Global Fund estimates that every US\$100 million invested will provide antiretroviral therapy for 156,000 people. These results are achieved together with partners.

Preventing this scenario will take a global effort; it is feasible that the Global Fund could fall several billion short of its target if just a few countries don't step up (see Figure 1).

2. Falling short of the Global Fund's target could put billions of dollars already invested in the fight against AIDS, TB, and malaria at risk of being squandered.

Over the last twenty years, the world has invested over US\$55 billion dollars into infrastructure, commodities, and programs to fight AIDS, TB, and malaria through The Global Fund.²¹ Stepping back now would squander those investments by allowing the epidemics to get ahead of the response.

For example, the only way to end AIDS, TB, and malaria as public health threats by 2030 is driving down new infections so that fewer people need access to treatment over time. Reaching the target of US\$18 billion could help avert more than 450 million new infections or cases by 2026 across the three diseases.²² But this is only possible if donors step-up to meet the target. For example, falling just \$1 billion short could result in 25 million more new infections or cases in countries where the Global Fund invests over 2024-2026.²³

Falling short of the target would also leave available resources on the table. The United States has pledged US\$6 billion to the Global Fund, which is one third of the total ask, but its contributions must be matched two to one to unlock the full amount. Unlocking the full funding will then contribute to increased domestic investments in country health systems. As a result, if world leaders cut their contributions to the Global Fund, the consequences will be much larger than what could be left on the table in September.

3. Falling short of the Global Fund's target will undermine global pandemic preparedness and response.

The last few years have shown us the importance of building strong and sustainable systems for health. COVID-19 wreaked havoc on the world, taking millions of lives and disrupting the global economy, while having devastating consequences for the most vulnerable communities.

A fully funded Global Fund will directly invest US\$6 billion in health systems to help countries respond to pandemics of the present and prepare for pandemics of the future. The Global Fund also has a co-financing requirement which incentivizes partner countries to invest domestic resources into their national health systems. A fully funded Global Fund could catalyze US\$59 billion through co-financing requirements and technical assistance on health financing.

Anything less than a fully funded Global Fund will detract from these investments that are needed to protect progress against AIDS as well as secure the future against outbreaks.

RECOMMITTING TO THE RED RIBBON

There is no question that the world is facing a host of competing challenges, and that failure to address any of them could be devastating. But as we take on these new opponents, we must also finish the fights we've started.

For two decades world leaders have proudly stood by the red ribbon as a universal symbol of awareness and support for people living with HIV. Fully funding the Global Fund for 2024-2026 is the best way to stand by that commitment.

ENDNOTES

1. The President's Emergency Plan for AIDS Relief (PEPFAR) is the largest donor and contributor to the fight against AIDS. Funding for PEPFAR has totaled more than \$110 billion, including funding for the Global Fund to which the United States is the largest donor. PEPFAR has also been instrumental in changing the trajectory of the global HIV epidemic.
2. The Global Fund. (2021). 'Results Report 2022.' <https://www.theglobalfund.org/en/results/>
3. UNAIDS. (2022). 'Fact Sheet.' <https://www.unaids.org/en/resources/fact-sheet>
4. UNAIDS. (2022). 'Fact Sheet.' <https://www.unaids.org/en/resources/fact-sheet>
5. UNAIDS. (2022). 'Fact Sheet.' <https://www.unaids.org/en/resources/fact-sheet>
6. UNAIDS. (2020). 'Forty years into the HIV epidemic, AIDS remains the leading cause of death among women of reproductive age—UNAIDS calls for bold action.' https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/march/20200305_weve-got-the-power#:~:text=Almost%2040%20years%20into%20the,including%20eliminating%20violence%20against%20women.
7. UNAIDS. (2022). 'In Danger: UNAIDS Global AIDS Update 2022.' <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>
8. UNAIDS. (2022). 'In Danger: UNAIDS Global AIDS Update 2022.' <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>
9. UNAIDS. (2022). 'In Danger: UNAIDS Global AIDS Update 2022.' <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>
10. UNAIDS. (2022). 'HIV estimates with uncertainty bounds, 1990-Present.' https://www.unaids.org/en/resources/documents/2022/HIV_estimates_with_uncertainty_bounds_1990-present
11. The Global Fund. (2021). 'Results Report 2022.' <https://www.theglobalfund.org/en/results/>
12. The Global Fund. (2022). 'Fight For What Counts, Investment Case Seventh Replenishment.' https://www.theglobalfund.org/media/11798/publication_seventh-replenishment-investment-case_report_en.pdf
13. UNAIDS. (2022). 'HIV estimates with uncertainty bounds, 1990-Present.' https://www.unaids.org/en/resources/documents/2022/HIV_estimates_with_uncertainty_bounds_1990-present
14. The Global Fund. (2021). 'Results Report 2022.' <https://www.theglobalfund.org/en/results/>
15. UNAIDS. (2022). 'In Danger: UNAIDS Global AIDS Update 2022.' <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>
16. The Global Fund is asking for a 30% increase in pledges from all donors from the Sixth Replenishment for the Seventh Replenishment cycle. More details on the Sixth Replenishment can be found here.
17. Sweden pledged to increase their commitment to the Global Fund by 5% on 13 July 2022, but still has the opportunity to meet their full ask.
18. Methodology: using UNAIDS data, ONE applied the increase in the number of people on treatment globally between 2020 and 2021 (1.5 million people) through to 2025.
19. The Global Fund. (2022). 'Fight For What Counts, Investment Case Seventh Replenishment.' https://www.theglobalfund.org/media/11798/publication_seventh-replenishment-investment-case_report_en.pdf
20. Estimates are derived from the Global Fund's calculator on the impact of every US\$100 million invested will provide. The Global Fund estimates that every US\$100 million invested will provide antiretroviral therapy for 156,000 people, this is the basis of this analysis. The Global Fund derived their calculations from modeling conducted to estimate the impact of the Global Fund 2023-2025 Investment case. To estimate the results of a given financial contribution to the Global Fund, first the current upfront disease split in the Global Fund allocation model is assumed, then results are derived by assuming a linear relationship between funding and

results. An overhead count of 5% is deducted from the amount. The results reflect contributions of Global Fund investments to national programs and their results. The Global Fund advises that these results are achieved together with partners. More details on the methodology can be found [here](#).

- 21.** The Global Fund. (n.d.). 'About the Global Fund.' Last Accessed 30 Aug. 2022. <https://www.theglobalfund.org/en/about-the-global-fund/>
- 22.** The Global Fund. (2022). 'Fight For What Counts, Investment Case Seventh Replenishment.' https://www.theglobalfund.org/media/11798/publication_seventh-replenishment-investment-case_report_en.pdf
- 23.** Estimates are derived from the Global Fund's calculator on the impact of every US\$100 million invested will provide. The Global Fund estimates that every US\$100 million invested will avert 2.5 million new infections or cases across the three diseases. The Global Fund derived their calculations from modeling conducted to estimate the impact of the Global Fund 2023-2025 Investment case. To estimate the results of a given financial contribution to the Global Fund, first the current upfront disease split in the Global Fund allocation model is assumed, then results are derived by assuming a linear relationship between funding and results. An overhead count of 5% is deducted from the amount. The results reflect contributions of Global Fund investments to national programs and their results. The Global Fund advises that these results are achieved together with partners. More details on the methodology can be found [here](#).