



Independent observer
of the Global Fund

REPLENISHMENT ROUND-UP: ADVOCACY EFFORTS INTENSIFY

The Global Fund's replenishment campaign received a critical advocacy boost in Durban at the 21st International Congress on AIDS with several high-profile side events and the release of the Global Fund Advocates Network's (GFAN) Cost of Inaction 2016 Report (see [GFO article](#) in this issue).

GFAN also released a report on Key Population and the Global Fund: Delivering Key Results. The Key Population report explains why ending AIDS, TB, and malaria will be impossible without addressing the needs of and working with key and vulnerable populations (see [GFO article](#)).

HIV funding shortfalls – hot topic of discussion at AIDS 2016

At AIDS 2016, UNAIDS Executive Director Michel Sidibe poignantly said “I cannot be dishonest with you, I need to say – we will have a resistance, we will lose our investment, we will have to pay more later... If we stop now, we will certainly regret [it] because we will see a resurgence in this epidemic.”

The Durban meeting brought to light many of the new challenges related to HIV financing, including the fact that the new World Health Organisation's “test and treat” policy will require increased donor investment at a time when HIV funding is falling globally. Incoming president of the International AIDS Society, Dr Linda-Gail Bekker, [spoke](#) of a potentially missed opportunity to reach the 2030 goals if additional resources are not secured – “not because we didn't have the tools or the inclination, but simply because we didn't have the resources” she said.

The recently released joint Kaiser Family Foundation and UNAIDS report on donor funding for HIV in low- and middle-income countries, found that the funding has dropped for the first time in five years (see [GFO article](#)). This comes at a time when increased resources are required to front-load investments in order to fast-track comprehensive HIV service coverage by 2020 – in order to generate the necessary momentum

to reach the 2030 targets. According to [UNAIDS estimates](#), investments of \$7 billion higher than 2014 levels is required to reach its \$26.2 billion target for low- and middle- income countries by 2020.

According to Mike Podmore, Director of STOPAIDS, global fatigue has set in after nearly two decades of funding the AIDS response. Donors are pushing middle-income countries to take on a greater share of funding their HIV/AIDS programs, but health budgets and systems are already stretched, he said.

U.K. Advocacy

With the Brexit vote over, Global Fund advocacy efforts in the U.K. have been stepping up to ensure that Prime Minister Theresa May's new government remains committed to funding the Global Fund (see separate [GFO article](#) in this issue).

According to an [article](#) in DevelopmentFinance, the U.K.'s new Secretary of State for International Development, Priti Patel, has said that her role will protect the UK's "national interest" while "keeping [its] promises" to the world's most impoverished countries.

On the Lancet's Global Health [blog](#), Saira O'Mallie, interim U.K. director of The ONE Campaign asked, "Why should donors – governments and organizations whose budgets are already stretched by humanitarian crises such as those in Syria and neighboring countries – pledge money to the Fund? The answer is simple: the Global Fund works. It helps to provide affordable and effective treatment and supports prevention health programs run by local experts in the countries and communities most in need. Without investment in the Fund, eight million lives would be at stake."

O'Mallie pointed out that a U.K. pledge of £ 1.2 billion (20% more than the U.K.'s fourth replenishment pledge) alone would contribute to saving an estimated 1.1 million lives.

Global Fund Executive Mark Dybul remains confident that the new U.K. government will continue its support to the Global Fund. "They've been very clear in that they expect to maintain a leadership role" he told Sophie Cousins in an [article](#) in the BMJ.

Other developments

In the BMJ article, Dybul said that raising \$13 billion for the full replenishment of the Fund is by no means certain. He said, "We're in an environment where raising \$13 billion, especially with the exchange rates, is not a given." But, he continued, while you can never be too confident, there are some big countries left that have not announced their pledges yet. "We're still hopeful."

In the same article, Global Fund Chief of Staff Marijke Wijnroks said, "The cost of inaction is simply too high. We need to close the treatment gap: those 20 million people who are not on antiretroviral treatment. We need to find people and reach them."

Wijnroks said that while we have a lot of effective prevention tools, "unless we're able to tackle the root causes of why people don't access services . . . then we will not be able to bring down the number of new infections."

Canada's health minister, Jane Philpott, is quoted in [The Globe and Mail](#) as saying that Canada hopes its plan to "proactively increase" its contributions to fighting the world's three most deadly infectious diseases . . . will inspire others. "We're hiking our financial commitment and hopefully other countries will do the same."

There is just over six weeks until the Fifth Replenishment Conference on 16 September 2016, in Montreal, Canada.

