



Independent observer
of the Global Fund

VANCOUVER CONSENSUS CALLS FOR SIGNIFICANT SCALE-UP OF HIV TREATMENT AND PREVENTION

The [Vancouver Consensus](#), which emerged from the International AIDS Society conference, 2015, held in Vancouver, Canada, 19-22 July, calls for access to HIV treatment for all people living with HIV, expanded prevention services, and a comprehensive, rights-based approach to the AIDS epidemic. The consensus statement was signed by more than 500 people, including civil society advocates, clinicians, researchers and the leaders of the International AIDS Society, the Global Fund, PEPFAR, UNAIDS, and other organizations.

In a [comment](#) on the Vancouver Consensus, the medical journal The Lancet described the significant health benefits of putting people living with HIV on antiretroviral treatment immediately rather than waiting for immune deterioration: at least a 50% lower risk of death, serious AIDS-related events, or serious non-AIDS-related deaths; a 50% lower rate of TB, and a 60% lower rate of bacterial infection. The Lancet said that studies have shown that ART can prevent transmission of HIV from people living with the disease to their uninfected partners; and that there is growing evidence that prophylactic use of ART can protect people at risk of transmission and that implementation of this strategy among key affected populations is feasible.

However, The Lancet noted, current health policies restrict access to ART. Specifically:

- only 10 countries have formally adopted the option for people diagnosed with HIV to start ART immediately;
- many countries have not fully implemented the recommendation of the World Health Organization to start ART at or below CD4 cell counts of 500;
- some countries still require people to wait until their CD4 cell count falls as low as 200 cells before

- becoming eligible for ART; and
- only three countries (the U.S., Thailand, and Malaysia) are currently implementing pre-exposure prophylaxis.

“It is time to bring policy in line with the best medical evidence,” The Lancet said.

A [needs assessment](#), conducted in April 2013 by the Global Fund, the World Health Organization, UNAIDS, Roll Back Malaria, and the Stop TB Partnership for the Fund’s 4th replenishment determined that \$87 billion from both domestic and external sources was needed for the period 2014-2016 to fight the three diseases in countries eligible for Global Fund financing. The HIV portion of the \$87 billion was \$58 billion. The TB and malaria portions were \$15 billion and \$14 billion, respectively.

The needs assessment concluded that if the Global Fund could raise \$15 billion; if other external funding flat-lined at \$24 billion; and if domestic financing reached \$37 billion (a \$14 billion increase over then current levels of domestic financing) – that would account for \$76 billion, still \$11 billion short of the estimated needs.

The Fund raised about \$12 billion for its 4th replenishment conference, short of its \$15 billion goal, but more than had been committed in previous replenishments.

Since the last replenishment, UNAIDS has set a goal known as “90/90/90”: by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained ART, and 90% of all people receiving ART will have viral suppression.

The cost of reaching this goal will be significant – in the billions of dollars.

The demand is rising not only for HIV but also for TB where the costs of treating MDR-TB, XDR-TB have increased dramatically; and for malaria where drug resistance has increased the cost and complexity of curing people with the disease.

So, we can expect that the estimated need going into the Global Fund’s 5th replenishment drive in 2016 will be much higher than \$87 billion. How this will affect the Fund’s target for this replenishment is not known yet.

Christoph Benn, the Global Fund’s director of external relations, told Aidspace that “while great progress has been made in the fight against the three diseases, it is very clear that there is a huge need for new and additional resources. The next five years will be absolutely critical to achieve the goal of ending the three pandemics. The Global Fund will issue its next resource needs estimate ahead of the pre-conference for the 5th replenishment hosted by the Government of Japan in December 2015. The replenishment pledging conference is expected to take place in mid-2016.”

Raising significant new sums of money for the fight against the three diseases will be challenging in the current environment. A [recent study](#) from Kaiser Family Foundation and UNAIDS reported that donor assistance for HIV grew only marginally in 2014 compared to 2013. Funding had begun to rise again in the previous few years following a dip after the global economic crisis.

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