

Funding the AIDS response

The cost of inaction is staggering. Failure to Fast Track would translate to an additional 17.6 million HIV infections globally and an additional 10.8 million AIDS-related deaths globally between 2016 and 2030 - UNAIDS

Summary

Over the next 5 years, it is critical that financing for the global AIDS response is increased in order to scale up treatment and prevention services. With increased investments in these services between now and 2020, the world can act to curb the growth of the AIDS pandemic.

Overall, it's estimated that \$26.2 billion USD is needed per year by 2020 in low- and middle-income countries. Currently, the world spends approximately \$20 billion per year, leaving a funding gap of roughly \$6 billion USD.

Domestic investment in the HIV response has steadily increased over recent years but many low- and middle-income countries can and should do more to finance their response. At the same time, overall donor funding for the response has flat lined. Most concerning, recent reductions in donor funding for middle-income countries is threatening the HIV response in these countries, especially where civil society organisations and key populations¹ are concerned.

Funding middle-income countries

At present, 105 countries are considered middle-income, but many are characterised by high-levels of inequality and are home to more than 75 per cent of the world's poor and 58% of all people living with HIV globally. By 2020, this proportion is expected to rise to 70%. From a global health perspective, the largest share of disease burden is now concentrated in middle-income rather than low-income countries, a reality that GNI per capita alone cannot capture. As a result, there is increasing concern that policies based on income classification overlook important dimensions of development, such as poverty, inequality, and health.

We request Member States and other key stakeholders to ensure that the diverse and specific development needs of middle-income countries are appropriately considered and addressed, in a tailored fashion, in their relevant strategies, policies and ODA allocations with a view to promoting a coherent and comprehensive approach towards individual countries².

¹ As defined by UNAIDS: men who have sex with men, transgender women, sex workers, people who inject drugs and prisoners

² Addis Ababa Action Agenda, Para 71 and 72

The SDGs embody a renewed commitment to equality, non-discrimination and “leaving no one behind” and this requires an explicit focus on the poorest, most vulnerable and most marginalised. One of the unique features of the SDGs is in their relevance for all countries regardless of economic status. But there is also a renewed commitment to “shared responsibility” in investing toward a more equitable and egalitarian world, and achieving these goals through a human-rights based approach that is rooted in giving all people the opportunity to achieve their rights to life and dignity. For external health financing this could mean a greater focus on the social determinants of health, reducing health disparities and ensure the rights of key populations. This should include funding to remove human rights-related barriers that prevent affected people from accessing services.

Domestic investment in the response

Between 2006 and 2014, domestic investment in the AIDS response by low and middle-income countries more than tripled. Many middle and low-income country governments have been showing leadership in the fight against AIDS. Today, 57% of the AIDS response in low and middle-income countries is funded through domestic financing, ranging from 10% in low-income countries, to 22% in lower-middle-income countries and as much as 84% in upper-middle-income countries.

Ending the AIDS epidemic is a shared responsibility, requiring increases in both international and domestic investment in the global AIDS response. It is essential there is a global commitment to this shared responsibility and that the resources required to reach Fast-Track Targets are urgently scaled up.³

In order to bridge the \$6 billion gap in financing for the AIDS response by 2020, it will be necessary for low and middle-income countries to continue to increase domestic financing. Greater investment in civil society and community-based service delivery is critical to the Fast-Track approach.

Investing in the civil society response

UNAIDS has called for a greater investment in civil society and community-based service delivery is critical to outreach to key populations in low- and middle-income countries for HIV prevention and linkage to HIV testing and treatment should grow to about 7.2% of total investment, and the resources needed for community-based delivery of antiretroviral therapy should grow to about 3.8%. Investment in community mobilization should increase three-fold to 3% of total resources in low- and middle-income countries to help civil society represent the interests of communities affected by HIV. Social enablers—including advocacy, political mobilization, law and policy reform,

³ UNAIDS – HIV Investment snapshot.

human rights, and public communication and stigma reduction—should reach 6% of total expenditure by 2020⁴.

Even with significant increase in the domestic financing, Civil Society community-based organizations will face serious challenges accessing those resources to continue their work in advocacy, policy analysis, protecting human rights, budget monitoring, as well as, HIV service delivery. Donors have a key role to play in lower-income and middle-income providing catalytic and strategic resources to support the Civil Society Organizations and Key Populations groups working at the community level. National mechanisms to sustain and scale up human rights, key populations and prevention programs must be in place before donors leave a country.

How can the HLM Political Declaration support the necessary financing for the global response to AIDS?

1. The Political Declaration should commit to funding \$26.2 billion USD per year by 2020, at least 20% should be allocated to CSO, including Key Populations.
2. The Declaration should recognise that the majority of people living with HIV live in middle-income countries and that this proportion is increasing.
3. The Declaration should emphasise the role of global solidarity among all countries in scaling up the response. It must highlight the need for increases in both donor and domestic funding for both low- and middle-income countries.
4. The Declaration should recognise the importance of funding civil society organisations in the AIDS response, particularly those that work with key populations.
5. The Declaration should recognise the importance of funding to remove human rights-related barriers that prevent affected people from accessing services.
6. The Declaration should call for the full replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and should note the important role it plays in low-income countries with high disease burdens, as well as in middle-income countries with concentrated epidemics among key populations.
7. The Declaration should commit to making sure 25% of HIV investment goes into HIV prevention.

Proposed language for the Political Declaration:

Retain Para 48 with editions:

Commit to fully fund the AIDS response and reach overall financial investments in developing countries, from diverse sources, including from innovative financing, with continued increase from the current levels of

⁴ Page 10 Fast-track update on investments needed in the aids response.

domestic public and private sources, supplemented by international assistance and strengthened global solidarity, and urge all stakeholders to contribute to a successful replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, that mobilizes at least \$13 billion, noting the global role that the Global Fund must be able to play in both scaling up HIV programmes in developing countries with high disease burden while at the same time maintaining its role supporting HIV programmes in middle income countries with concentrated epidemics among key populations; and, commit to expand both international and domestic funding so that it is sufficient to reach the goals in this declaration;

Insert in or following paragraph 49⁵:

Recognise that, in 2020, upper-middle- and lower-middle-income countries will be home to 70% of the people living with HIV and commit to expand both international and domestic funding sufficient to reach the goals in this Declaration, taking special note of the need for services in these countries to reach all those affected by HIV, particularly key populations⁶.

Acknowledge that ODA is still important for a number of upper- and lower-middle-income countries and has a role to play for targeted results, taking into account the specific needs of these countries. For the longer-term, encourage stakeholders to develop graduation policies that are sequenced, phased and gradual⁷.

Insert in the preambulatory section:

Note with concern the challenges facing countries accessing the affordable generic medicines, diagnostics, and other related health technologies necessary to reach 90/90/90 targets, especially in middle-income countries shouldering an increasing burden of disease, assuming increased responsibility for financing their epidemics, and which will no longer benefit from preferential medicine pricing due to income reclassification⁸.

Note: You could contact CSO working on the HLM to access to other relevant fact sheets for example on Intellectual Property, TRIPS, and Access to Medicines

⁵ Civil Society organization support the CARICOM proposes language in para 49 bis 2 in compilation text.

⁶ Reference: UNAIDS Strategy, pt 35

⁷ Reference: Addis Ababa Action Agenda, paras. 71 and 72.

⁸ Reference: WHO, Increasing access to HIV treatment in middle-income countries (2014)