Choose to Invest: HIV/AIDS, PEPFAR And The Global Fund

FY2017 Funding Recommendation:
$6.673 Billion

Key Facts

- Since 2000, new HIV infections have fallen by 35%, and new HIV infections among children have declined by 58%. But significant scale-up of HIV service delivery is needed to further reduce new HIV infections; otherwise a dramatic spike in HIV infections will occur: an estimated 100 million HIV/AIDS infections by 2030. As of June 2015, 15.8 million people worldwide were accessing antiretroviral treatment, but that is still only 41% of the adults and 32% of the children in need of treatment.

- PEPFAR currently supports 9.5 million HIV-positive men, women, and children on ART. PEPFAR aims to increase that number to 11.4 million by the end of 2016 and 12.9 million by the end of 2017.

- The Global Fund currently supports 8.6 million people with ART. The Global Fund is the world’s largest global health financier and has committed more than $33 billion in funding for programs serving women, men, and children in more than 100 low- and middle-income countries.

Justification

Since its outbreak in the early 1980s, much progress has been made to halt and reverse the spread of HIV/AIDS globally. As of the end of 2014, there were 36.9 million people living with HIV/AIDS, and as of June 2015, 15.8 million people living with the disease were receiving antiretroviral therapy treatment – up from just 700,000 in 2000. While there have been remarkable results in the global fight against HIV/AIDS over the last 15 years, this pandemic is not over; it continues to affect men, women and children of every race, and in every country, and 60% of people in need of treatment still do not have access.

Thankfully, as the world has answered the rallying call to “get to zero,” the end of this epidemic may be within reach. The science, research, tools, technology, and methods for testing, treatment, and behavior change are in place to bring about an end to this debilitating disease within our lifetimes. The United States has played a crucial role in getting the world to this point: the State Department, USAID, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, and the Global Fund to Fight AIDS, Tuberculosis and Malaria have been key contributors in the fight against HIV/AIDS, and their integrated programing has advanced the effort to “get to zero.” InterAction recommends $6.673 billion for HIV/AIDS programming within the State Department, USAID and the CDC. This funding recommendation is broken down into three
components:

**U.S. President’s Emergency Plan for AIDS Relief (PEPFAR): $4.845 billion**

PEPFAR is the United States’ leading program to combat HIV/AIDS through prevention, treatment, care, and the strengthening of health systems through bilateral and multilateral programs. As of September 2015, PEPFAR was supporting antiretroviral treatment (ART) for nearly 9.5 million people worldwide. In FY2015, PEPFAR helped to avert 267,000 new HIV infections in children by supporting over 14.7 million pregnant women with HIV counseling and testing and by providing antiretroviral drugs to more than 830,000 HIV-positive women for prevention of mother-to-child transmission (PMTCT) of HIV. PEPFAR also continues to work on two important initiatives launched in 2014: the Accelerating Children’s HIV/AIDS Treatment (ACT) Initiative, the goal of which is to double the number of children receiving treatment across 10 priority, sub-Saharan African countries by 2016; and the DREAMS Initiative, which will provide a core package of evidence-based interventions to help reduce new HIV infections in adolescent girls and young women.

Strong U.S. investments will be particularly critical in FY2017 as countries look to implement the new 2015 World Health Organization guidelines recommending immediate initiation of ART for all people living with HIV – not only to curb new infections, but also to keep people with HIV healthier for longer periods of time. PEPFAR has welcomed the new guidelines and committed to increasing its treatment efforts to support a total of 11.4 million adults and children on life-saving antiretroviral treatment by 2016 and 12.9 million adults and children by 2017. PEPFAR will need ample financial resources to help countries implement the new guidelines, ensure quality and access, and maximize the impact of the new treatment paradigm. Funding is also needed in FY2017 to reach two new PEPFAR HIV prevention goals. PEPFAR is working with partners to reduce HIV incidence among adolescent girls and young women (aged 15-24) by 25% within the highest burden geographic areas of 10 sub-Saharan African countries by the end of 2016; by the end of 2017, they will achieve a 40% reduction in HIV incidence in that population. PEPFAR also plans to provide 11 million voluntary medical male circumcisions (VMMC) for HIV prevention by the end of 2016, with that number reaching 13 million by the end of 2017.

Scientific advances and better data continue to improve how PEPFAR responds to the global HIV/AIDS epidemic, and in turn have made U.S.-funded programming more efficient and effective. Building on over a decade’s worth of investment, PEPFAR focuses its programmatic efforts on high-impact, evidence-based interventions and uses data to determine where and how these interventions are most effective in the field.

**Global Fund to Fight AIDS, Tuberculosis and Malaria: $1.35 billion**

Founded in 2002, the Global Fund is a 21st-century organization accelerating the end of AIDS, tuberculosis, and malaria as epidemics. It is a partnership between governments, civil society, the private sector, and people affected by the diseases, and it raises and invests nearly $4 billion a year to support programs run by local experts in more than 100 countries. It regularly seeks out technical guidance from PEPFAR, the President’s Malaria Initiative, and USAID. As of mid-2015, the Global Fund has provided HIV/AIDS treatment to 8.6 million people. In addition, 3.3 million HIV-positive pregnant women had received care to prevent mother-to-child transmission. The Global Fund has also distributed 600 million insecticide-treated bed nets, treated 560 million cases of malaria, and detected and treated 15 million cases of tuberculosis.

Historically, for every $1 invested by the United States (the Global Fund’s largest donor), $2 has been committed by other governments around the world, and additional resources are contributed by private sector partners. In 2016, the Global Fund will undertake its Fifth Replenishment effort to raise funds for programmatic work between 2017 and 2019. The Global Fund is seeking to raise $13 billion for the Fifth Replenishment, which would enable the organization to: save up to 8 million additional lives, leading to 30-32 million lives saved cumulatively by 2020; avert 300 million new infections across the three diseases; make substantial contributions toward building resilient and sustainable systems for health; support strengthened responses for women and girls, key populations and human rights; and lead to broad economic gains of up to $290 billion over the coming decades.

**USAID - HIV/AIDS: $350 million**

USAID is one of the leading implementers of the PEPFAR program. Through this and other programs, USAID provides HIV testing and counseling, works with pregnant women to prevent the transmission of HIV to their children, promotes VMMC and the use of condoms, works to ensure safe and reliable access to medication, and supports transformative research and development on products to prevent the spread of HIV. USAID’s HIV/AIDS programs scale up proven interventions, while also promoting newly-developed innovations and best practices. Funding for two essential partnerships – the Commodity Fund and the International AIDS Vaccine Initiative.
Initiative (IAVI) – help increase condom availability and promote the development of an effective HIV vaccine.

The global fight against HIV/AIDS is at a critical juncture: investments in the global AIDS response are working, and the pace of progress is accelerating. New infections are down by 35% since 2000 and there are 15.8 million people accessing ART worldwide. We are also seeing new partnerships based on the principles of shared responsibility and global solidarity. According to the most recent data, $20.2 billion was invested in HIV/AIDS programs in low- and middle-income countries in 2014, of which domestic resources from these countries accounted for 57% or $11.5 billion. Additionally, other U.S. government agencies contribute to the fight against HIV/AIDS, including the CDC Global AIDS Program which provides critical support by funding highly trained physicians, epidemiologists, public health advisors, behavioral scientists, and laboratory scientists working in countries around the world as part of U.S. government teams implementing PEPFAR.

The knowledge and innovations acquired over the last 10 years have led us to reach the global tipping point on AIDS: more people are now on treatment than becoming newly infected. But this milestone is fragile. The United States must not let current budgetary constraints undo the success of the past. If we do not act, we may lose our best chance to end this epidemic.

Success Story

Woman Educator Fulfills Childhood Dream of Helping Those in Need in Zambia

Thato, a nine-year-old girl from Mochudi, Botswana, is a survivor.

During a routine home visit, a PCI (Project Concern International) partner and local peer educator trained on how to spot child abuse, gender-based violence and exploitation observed Thato’s extreme health condition and took her immediately to a clinic.

Thato was severely malnourished, weighing only 38 pounds. She was referred to a hospital where she stayed for two weeks. In time, she was diagnosed with HIV and a gastrointestinal disease.

Thato’s HIV-positive mother is a single parent who struggled to provide food and other basic needs for her five children. She relied on her oldest daughter, who also had HIV, to care for the younger children.

Due to social and economic hurdles, many young women and girls around the world aren’t empowered to make their own health decisions. They do not attend school because of social norms and marry at a young age. Violence and the threat of violence weaken their ability to protect themselves. This combination makes young women and girls more vulnerable to contracting HIV/AIDS.

Unable to fight sickness, Thato was too weak to attend school. But with proper Antiretroviral Therapy (ART), care and time, Thato’s health improved. She receives support from a social worker and a food basket from the government. Today, she is back in the classroom where she is learning, growing and thriving.

Photo: PCI PEPFAR Botswana