Bipartisan congressional leadership to stop both old and new pandemics

This fall the U.S. is hosting a major pledging summit for the Global Fund to Fight AIDS, Tuberculosis and Malaria, the world’s most powerful tool for channeling donor resources to community-led responses to health. An ambitious pledge from the U.S. could help stop the world’s longstanding pandemics and prepare for the next one. A lackluster pledge could mean the devastating impact of COVID only gets worse.

Two decades ago at the height of the AIDS crisis, the world came together to fight back, pooling its resources and creating the Global Fund. Since then, the U.S. has played a leading role, providing one-third of the Global Fund’s financial resources. Now this international partnership has helped save 44 million lives from AIDS, TB and malaria.

Congressional leadership on the Global Fund has always been uniquely bipartisan. As control of the chambers and the White House has shifted back and forth between parties over the last 20 years, U.S. support for the Global Fund has been a constant.

President Biden needs to make a bold three-year commitment to the Global Fund, pledging a full third of the total need globally. And delivering on that pledge will be up to Congress, who have championed the Global Fund through Democratic and Republican administrations alike.

The power of global partnership in health

In 2020 alone – in the midst of COVID – countries and communities supported by the Global Fund provided:

- HIV antiretroviral therapy for 21.9 million people
- Lifesaving tuberculosis treatment for 4.7 million people
- 188 million mosquito nets to protect against malaria

It’s no surprise that the Global Fund quickly became the largest source of funding for lower-income countries to respond to COVID-19 in its earliest days: the global community has built this partnership over time, and while not perfect, at its core is a locally-driven, human-rights based approach, and proven impact against pandemics.
Operating on a massive scale, the Global Fund is so effective thanks to its structure as a partnership between governments, civil society, and communities affected by the diseases.

Instead of showing up and telling countries what they intend to give, the Global Fund asks: “What do you need? How can international funding help against the diseases?” And with local communities in the lead, Global Fund resources can better reach people and groups who are too often pushed to the margins.

As the Global Fund’s largest donor, the U.S. is helping power this community-led work, alongside local country funding. And for every $1 the U.S. provides to the Global Fund, we have leveraged $2 from other international donors against these diseases of poverty.

**Transforming the fight against both old and new pandemics**

Because of COVID-19, progress against AIDS, TB and malaria has tumbled backwards for the first time in two decades. At the end of February, the Global Fund will release its latest plan to support countries to claw back progress against the three diseases, save millions more lives, and help build health systems that reach everyone, everywhere. By making a major investment itself and rallying other world leaders, the U.S. can help make sure the partnership has the funds to put it into action.

The arrival of COVID-19 proved that it’s a false choice between battling current pandemics and stopping the next one. The same health delivery systems are needed for both. The replenishment is a chance to help redefine “pandemic preparedness” to what it should be: health systems that put communities and equity at the center of responding to the longstanding pandemics of today.

Tuberculosis is centuries old, yet TB systems became the backbone of the response to the novel coronavirus in many countries. PCR tests, contact tracing, airborne infection control – these terms are new to most Americans’ vocabulary with COVID. But TB health workers globally have been experts in all of them for years. Existing TB programs naturally powered the COVID response in many places around the world, with TB health workers reassigned, TB testing machines repurposed, and more.

But as a disease fueled by poverty and inequity, tuberculosis systems were often understaffed and underfunded, even before COVID. **The Global Fund is the best chance to get back on track against this centuries-old pandemic – and in the process make sure the world is even better equipped for the next one.**