

U.S. Must Continue to Lead on Ending Global Epidemics

Defeat of AIDS, tuberculosis, malaria possible with \$5 billion U.S. commitment

This December, leaders from around the world will meet in Washington, D.C., to decide the future of the global effort against the world's deadliest pandemics. At the donor pledging conference hosted by the U.S. government, the Global Fund to Fight AIDS, Tuberculosis and Malaria will work to raise \$15 billion to support an ambitious new strategy to defeat these three diseases. There is a clear choice: invest in a plan to end these epidemics, or pass on a historic opportunity to tackle two ancient killers, malaria and tuberculosis (TB), and the modern plague of HIV/AIDS. The U.S. has already taken up the mantle of leadership by committing to host the donor conference. But now, to ensure the success of the pledging conference, and ultimately success in the fight against these diseases, the U.S. must commit its fair share by pledging \$5 billion to the Global Fund over the next three years.

Rarely in the path toward improved global health has a fork in the road been so clearly marked. Three critical factors have brought us to this point: the massive scale-up of HIV/AIDS, TB, and malaria services in the last decade; recent breakthroughs in the science of fighting these diseases; and advances in our understanding of the epidemics through better data. How we build on and invest in these developments will determine which path we take — to backtrack or to forge ahead in ending these diseases of poverty.

The opportunity to defeat HIV/AIDS, TB, and malaria is the result of a rapid expansion of life-saving health services to the people who need them most. Little more than a decade ago in sub-Saharan Africa, where the AIDS crisis is most acute, only about 50,000 people were on antiretroviral therapy (ART) to treat HIV/AIDS. Last year, over 7.5 million people in Africa were on treatment.¹ The drugs to treat the disease which once cost \$10,000 per year are now less than \$200 — a 99 percent decline.² In the fight against TB, Global Fund investments have allowed countries to improve detection and treatment, enabling a 40 percent drop in TB deaths.³ In 2000, just 3 percent of African households had an insecticide-treated bed net to protect them from mosquitoes carrying malaria. Now 53 percent of families in Africa have a bed net, which when combined with treatment and other prevention efforts, has led to a 33 percent drop in deaths from malaria.⁴ The pace and scale of these achievements are unprecedented.

Since its establishment in 2002, the Global Fund has achieved remarkable results:

- **HIV/AIDS:** Currently 5.3 million people are receiving anti-retroviral therapy to treat HIV/AIDS with Global Fund support.
- **Tuberculosis:** The Global Fund has helped detect and treat 11 million cases of TB.
- **Malaria:** The Global Fund has financed the distribution of 340 million insecticide-treated bed nets to protect families from malaria.
- **These efforts are estimated to save more than 100,000 lives each month.**

This massive scale-up in health services is now being reinforced with new science. In 2011, researchers at the University of North Carolina announced the results of a breakthrough study (known as HPTN 052), which proved conclusively what AIDS researchers had long suspected: treating HIV-positive people with antiretroviral therapy can massively reduce the risk that they transmit the virus to their uninfected partners. By suppressing the virus, AIDS drugs not only keep people with HIV healthy and alive, they can prevent the virus from being passed on to others. The study demonstrated that when treatment was initiated early in the progression of the disease, as opposed to waiting for the patients to become sick, there was a 96 percent reduction in the risk of transmission.⁵ The implications of the study for the future of HIV/AIDS are momentous. It shows that treatment of HIV/AIDS is also prevention, and when used in combination with other strategies, including the prevention of transmission from pregnant mothers to their children, we can end the AIDS epidemic as we know it.

Finally, the path toward the defeat of these diseases has been unlocked by the increasingly sophisticated use of data. Cases of AIDS, TB, and malaria are not evenly distributed across a country, but are often concentrated in geographic and demographic “hot spots.” For example, in Kenya, the risk of HIV infection can vary by a factor of 10 in adjacent counties.⁶ Using better data to target disease control efforts not only allows health officials to be more effective at fighting AIDS, TB, and malaria, but more efficient as well. One analysis suggests that allocating current resources to the communities most at risk would increase our impact on the AIDS epidemic by 20 percent.⁷

The confluence of rapid progress, breakthrough science, and better data has opened a window of opportunity to strike a decisive blow against these epidemics. But health experts warn that this window will not stay open if world leaders delay taking action. Infectious diseases have little regard for fiscal and budget cycles, and the impressive gains of the last decade are fragile. When TB is not properly treated it becomes more dangerous, developing into drug-resistant strains that are more difficult and costly to cure. Malaria nets need to be replaced regularly, and malaria resurgence is never more than a rainy season away if efforts are not maintained.

As Dr. Mark Dybul, Executive Director of the Global Fund, said when launching the replenishment effort, “we have a choice: we can invest now, or pay forever.”

In addition to lives lost, a recent report* details the economic impact if global funding for HIV/AIDS, TB, and malaria were flat-lined:

- \$47 billion in added lifetime HIV/AIDS treatment costs for preventable infections.
- Loss of \$20 billion in additional GDP due to malaria
- Increased rates of multi-drug resistant (MDR) TB, which can cost \$50,000 on average to treat.

**Cost of Inaction*, International Civil Society Support, (August 2013)

This is the clear choice leaders will face in Washington, D.C., in December for the Global Fund’s donor pledging conference — and many will be looking to follow the United States’ lead. The U.S. has taken a critically important step in agreeing to host the pledging conference, and is already working with other donors to encourage their increased support. As the largest single contributor to the Global Fund and the host of its donor conference, U.S. leadership is essential for the Global Fund to reach its \$15 billion replenishment goal. Because every \$1 the U.S. gives to the Global Fund has historically been matched by \$2 from other donor nations, a \$5 billion U.S. pledge could lead the way to a global replenishment of \$15 billion. Since the U.S. is already planning to contribute \$1.65 billion to the Global Fund this year, a U.S. pledge of \$5 billion would be the equivalent of maintaining our current contribution over three years and would be a powerful pull factor for every other donor and potential donor.

Other countries — rich and poor — must do their part, and many already are. The Global Fund requires countries that receive funds to contribute their own resources. The United Kingdom and several Nordic countries have already announced increased contributions toward the \$15 billion target. Continued U.S. leadership and a \$5 billion commitment to the Global Fund will set the stage for the defeat of AIDS, TB, and malaria.

¹ Global Update on HIV Treatment 2013, World Health Organization, UNICEF and UNAIDS (June 2013).

<http://www.who.int/hiv/pub/progressreports/update2013/en/index.html>

² Multi-Country Analysis of Treatment Cost for HIV (MATCH), Clinton Health Access Initiative (July 2012)

³ Global Tuberculosis Report 2012, World Health Organization (October 2012)

⁴ World Malaria Report 2012, p. 24, 60–61, World Health Organization (December 2012)

⁵ Cohen et al, HIV treatment as prevention and HPTN 052 (March 2011)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3486734/>

⁶ http://www.huffingtonpost.com/tim-hallett/historic-gains-in-the-fig_b_3332603.html

⁷ Ibid.