The Beginning of the End?

Tracking Global Commitments on AIDS

ONE

DATA REPORT

Executive Summary

After three decades in the fight against AIDS, much progress has been made in controlling the disease and transitioning the global response from one of emergency to one of sustainability. The number of people on treatment in low- and middle-income countries increased from just 300,000 in 2002 to eight million in 2011, while the annual price of antiretroviral drugs (ARVs) has fallen from hundreds of thousands of dollars to just hundreds of dollars. Cases of mother-to-child transmission of HIV have fallen by 24% in only two years, and AIDS deaths have fallen by 24% since they peaked in 2005.

However, the world has made far less headway in preventing new HIV infections. Over the past decade, 2.5 million people or more have become newly infected each year, including 330,000 infants and children in 2011. More than 34 million people are living with HIV globally. Sub-Saharan Africa is still the region with the highest burden of disease, with 23.5 million people infected, and the epidemic is on the rise in Eastern Europe and Central Asia, particularly among marginalised populations.

Thankfully, there is hope. Over the past few years, the combination of AIDS treatment, voluntary medical male circumcision and services to prevent mother-to-child transmission – in addition to other tools – has offered the global community a new paradigm for more effectively preventing new HIV infections. Driven by new scientific findings and tools, a number of leaders from the scientific, political and advocacy communities have for the first time made calls for achieving "the beginning of the end of AIDS" or an "AIDS-free generation", dramatically raising the stakes and lending credibility to a vision that until recently was seen as impossible. To underscore these calls, member states at the United Nations have endorsed bold new global AIDS targets, including achieving access to treatment for 15 million people, virtually eliminating mother-to-child transmission and drastically reducing new infections.

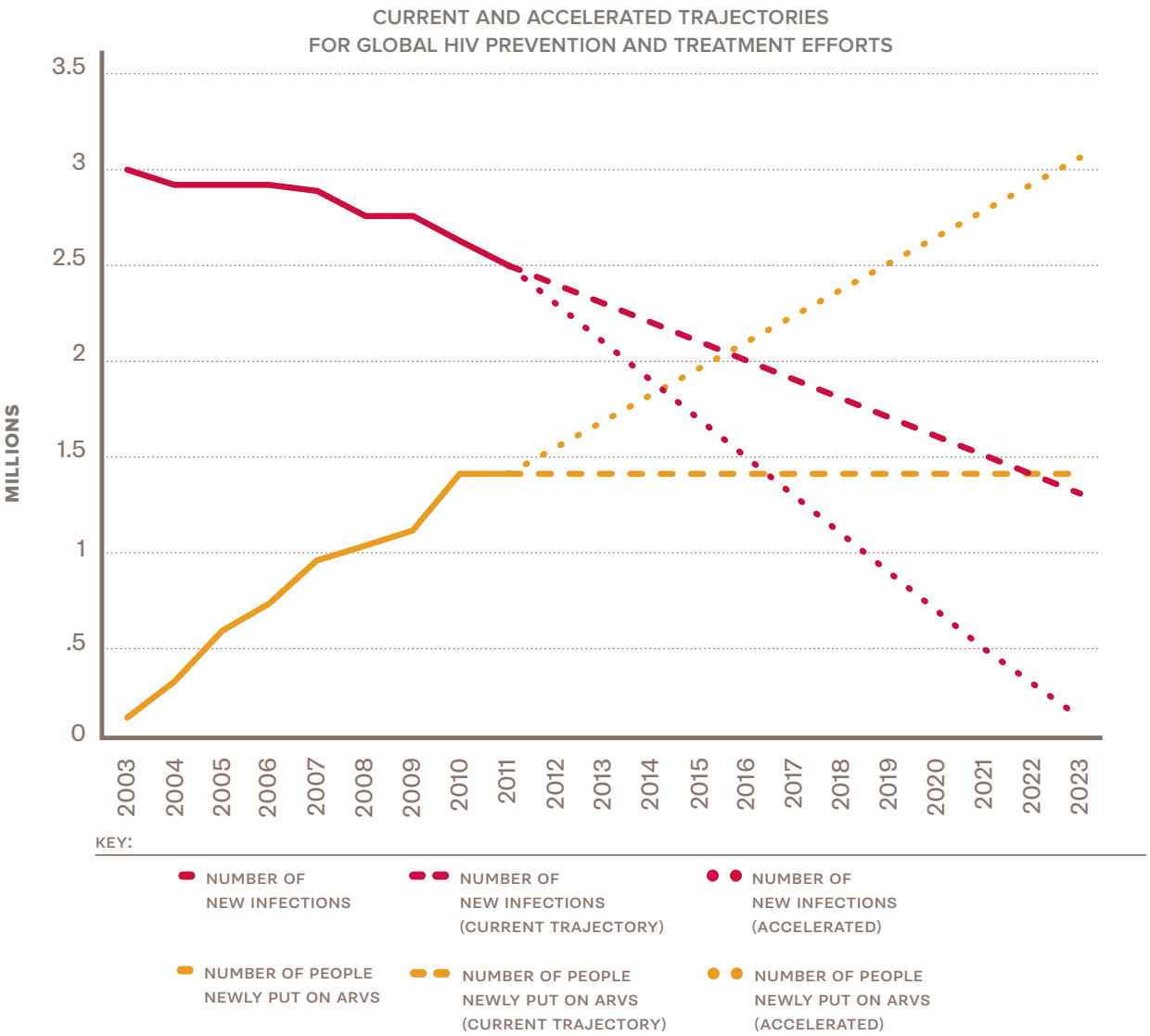
In spite of this momentum, the opportunity to achieve the beginning of the end of AIDS will go unrealised if the status quo is maintained. There is not yet shared global responsibility for achieving this goal, nor have stakeholders mapped out a collective plan for how to achieve the beginning of the end of AIDS with specific responsibilities or time-bound milestones. If the global community is serious about achieving the beginning of the end of AIDS, there must be a renewed effort to examine, improve and scale up the financial, political and programmatic efforts needed to turn vision into action. In "The Beginning of the End? Tracking Global Commitments on AIDS", ONE monitors progress on improving access to treatment and reducing new HIV infections; provides an assessment of the G7 countries' and the European Commission's past and current efforts in the fight against HIV/AIDS globally; and sets a baseline for monitoring future progress towards the beginning of the end of AIDS. This effort cannot succeed with the involvement of just a handful of stakeholders: donors from the West must work in closer partnership with each other and with African governments, emerging economy governments, the private sector and civil society groups to leverage unique skill-sets and resources, all aimed towards the achievement of common targets.

While funding remains one of the largest hurdles in making progress towards this vision – the UN estimates that there is still roughly a $6 billion annual funding gap for AIDS, at a time of global economic challenges – additional efforts to address the AIDS pandemic cannot come at the expense of financing for other global health and development initiatives. Efforts to improve the coordination, integration and efficiency of health service delivery should be strengthened, as doing so is also crucial for making progress on AIDS and other global health priorities. Without a heightened sense of urgency and without collective action, starting in 2013, the beginning of the end of AIDS will remain a distant ambition, and millions of lives will hang in the balance.

Key Findings

The world is off-track for achieving the beginning of the end of AIDS by 2015

There has been mixed progress to date on the three key disease-specific targets tracked in this report: the virtual elimination of mother-to-child transmission; 15 million people on treatment and a reduction in new adult and adolescent HIV infections – all by 2015.



Significant progress has been made on the prevention of mother-to-child transmission, with growing political momentum coalescing around a Global Plan that focuses on 22 high-burden countries. Nearly all of these countries have now developed costed elimination plans, but a significant scale-up of service delivery is necessary in order to increase the rate of progress to reach the virtual elimination target. Access to treatment is the biggest success story, with the global community having achieved unprecedented rates of scale-up, led by investments made through the US PEPFAR programme and the Global Fund. If current rates of treatment growth can be sustained and moderately scaled up, achieving the target of 15 million people on treatment by 2015 is well within reach. Unfortunately, progress toward the 2015 target of reducing new adolescent and adult HIV infections to 1.1 million is woefully off-track, with more than 2.2 million new infections in 2011.

ONE defines "the beginning of the end of AIDS" as the point in time at which the number of new HIV infections annually is finally surpassed by the number of people newly added to treatment annually. At current rates of progress, the progression curves for these two indicators will not cross until 2022. To achieve the beginning of the end of AIDS by the end of 2015, the global community will need to add 140,000 people to treatment annually in addition to current rates of treatment growth,[1] and will simultaneously need to double rates of progress on the prevention of new HIV infections.

There is huge variance in donors' responses to the AIDS pandemic

While some donors are stepping up to the plate to make the beginning of the end of AIDS a reality, others are lagging behind, and all could do more.

- **The United States** is far out ahead in terms of financial and political leadership on AIDS globally, providing not just the largest amount of funding but also setting bold, measurable targets and delivering robust public support for an "AIDS-free generation".

- **The United Kingdom** is demonstrating significant leadership on AIDS, and is well positioned to do even more in the coming year. It spends nearly as much ($13.71 versus $14.54) in per capita terms as the US and has outlined a specific AIDS strategy with targets, on which it will report in 2013.

- **France** is the second largest donor to the Global Fund, and AIDS remains consistently high on the agenda for its political leaders. It has yet to develop a clear AIDS strategy with measurable targets, but President Hollande's early public support for the beginning of the end of AIDS is promising.

- **Germany** lags behind in terms of AIDS financing and political support relative to many of its peers, though it has pioneered a number of unique initiatives that support the Global Fund. It has developed a strategy document on AIDS, but that strategy is missing specific targets against which progress will be monitored.

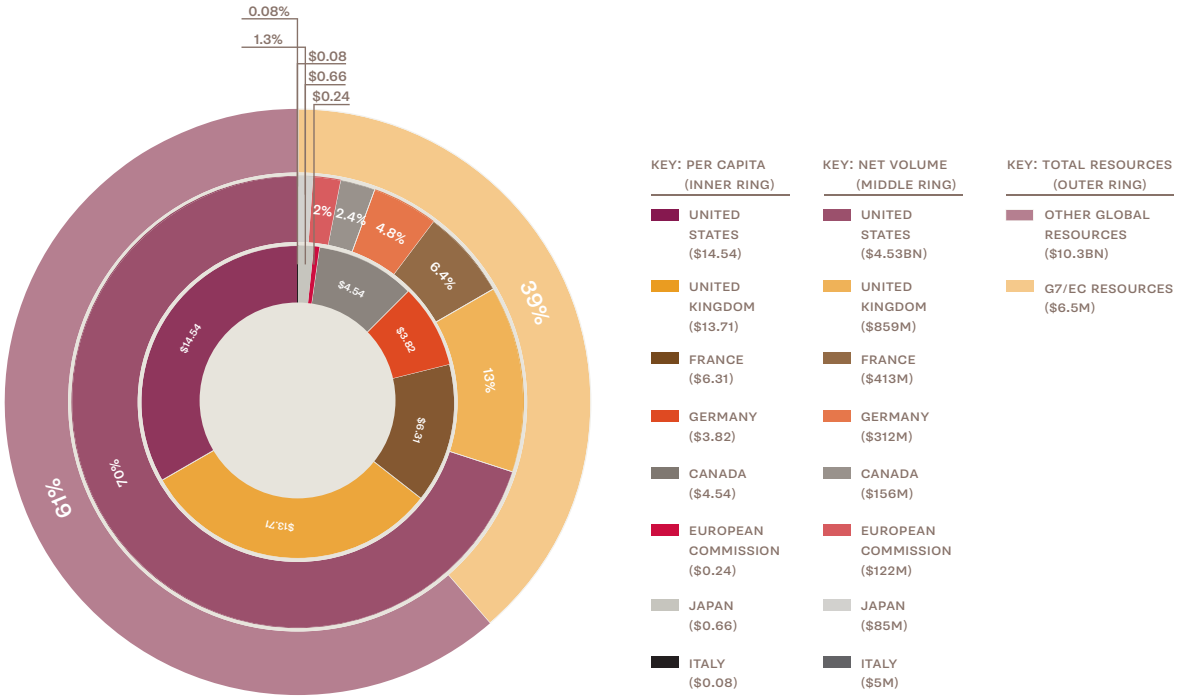
- **Canada** spends far less on AIDS relative to its peers and should scale up both its strategy development and its financing. However, it has made some meaningful contributions. In particular, it has helped to shape global conversations by defining links between the AIDS and maternal and child health policy agendas.

- **Japan's** spending on AIDS fell in 2011 as a result of the catastrophic earthquake and tsunami that hit its shores, leading to budget cuts in the immediate aftermath. However, it has recommitted to its financing for the Global Fund in 2012 as a sign of global solidarity, and should look to rebuild its standing as a significant financial and programmatic contributor to the global AIDS response by following through on its commitments by 2013.

- **Italy** is the clear laggard among the countries analysed. It spent just $5 million on AIDS programmes in 2011, and is the first country to have wholly defaulted on two years' worth of Global Fund pledges.

- **The European Commission,** managing development assistance on behalf of the 27 Member States of the European Union, provides modest funding to the fight against AIDS relative to its other development priorities. However, it remains challenging to track specific AIDS-related outcomes achieved through these investments.

RELATIVE AIDS SPENDING BY G7 DONORS AND THE EUROPEAN COMMISSION



Financing must be increased from current and new sources and must be spent more efficiently

While efforts to improve the cost-effectiveness of AIDS investments are critical, donors must continue to scale up investments in order to achieve the beginning of the end of AIDS goals. UNAIDS estimates that currently there is roughly a $6 billion gap in global AIDS financing annually. Additional resources must continue to flow from donor governments, but resources must also increasingly come from recipient countries in Africa and across the global South. The BRICS countries, as well as private sector and non-governmental partners, have an increasing role to play in providing both funding and expertise.

New investments must also be channelled through national strategies and aligned with investment approaches that improve the targeting and cost-efficiency of treatment and prevention resources; doing so will maximise the impact of resources and ensure the strengthening of countries' health systems. Donors must consistently evaluate their bilateral AIDS spending to ensure that the greatest efficiencies are being achieved, and multilateral mechanisms, including UNITAID and the Global Fund, should look for ways to ensure that their resources are being most effectively targeted to maximise disease-specific outcomes.

The global AIDS response is increasingly shaped by developing and emerging economies and non-governmental actors

The financing dynamics for the AIDS pandemic are shifting. While the past two years have seen a levelling off of donor funding, low- and middle-income countries are now providing more than half of total financing to fight the global pandemic. Donor and recipient countries alike are now working in closer partnership, defining targets upfront for how resources are spent for maximum impact and efficiency through national health plans.

African governments are meaningfully stepping up their collective contributions to the fight against AIDS through strategy development and financing. Still, there is much room for growth: approximately 90% of African governments for which we have data are still off-track on reaching their Abuja targets to spend 15% of their national budgets on health, which impedes their ability to scale up domestic resources for AIDS and other health priorities.

Non-traditional partners – including leadership from Brazil, India and China, the private sector and the non-governmental community (including faith-based partners) – are each making new contributions to the fight against AIDS, leveraging their unique skill-sets, relationships and expertise to drive progress where traditional donors are perhaps less well equipped.

A global framework is needed to achieve the beginning of the end of AIDS

Scientific tools are now available to help bend the curve of the AIDS epidemic. What remains missing, however, is a global strategy for how to finance and apply those tools – in conjunction with treatment and care efforts already in place – to accelerate global progress towards the beginning of the end of AIDS. Many donors have outlined important individual efforts, but those efforts are not well coordinated with other donors or with recipient nations, leading to both gaps and duplication of efforts. In addition, although global AIDS targets have been adopted, few donors have outlined what their specific contributions will be toward achieving those targets, leading to a gap in global accountability.

Donors and other stakeholders must come to a global consensus on the imperative of achieving the beginning of the end of AIDS, and should outline specific programmatic and financial shifts that they will undertake to achieve this goal, especially by 2015. In an era of fiscal austerity, these efforts must also include a clear orientation towards maximising results and efficiency gains.

2013 will be a critical test of global commitment

With only three years left to the 2015 goal, 2013 will provide a number of key moments for stakeholders to demonstrate their commitment by following through on or setting new commitments. Most notably, the Global Fund's fourth replenishment meeting offers donors – both traditional and new – the opportunity to reinvest in the Global Fund's critical work to fight AIDS, as well as TB and malaria. A strong show of financial support will position the Global Fund to deliver significant results towards the beginning of the end of AIDS and other critical health targets.

Throughout 2013, global leaders will also be meeting to discuss the future of the Millennium Development Goals beyond 2015. As they discuss and debate a potentially new global development framework, they must not lose sight of the importance of finishing the job on the current set of MDGs – including MDG 6, which focuses on AIDS and other infectious diseases. Leaders should ensure that ongoing discussions incorporate efforts to ensure the achievement of bold health targets already agreed to by global stakeholders.

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