

U.S. Global HIV Funding & COVID-19

The Problem

The challenges of providing HIV, TB, and malaria programming in low- and middle-income countries are mounting in the presence of COVID-19. It is clear that the pandemics cannot be adequately addressed without an increase in PEPFAR and Global Fund resources – that was true before COVID-19 and is even more so the case today as COVID-19 has started to overwhelm communities and health systems in developing countries. On Monday, May 11, the World Health Organization issued a warning that as many as a half-million more people in sub-Saharan Africa could die from AIDS-related illnesses over the next year unless governments secure their drug supply chains and maintain non-COVID-19 health services.

The Demand

We need additional COVID-19 relief funding of at least \$700 million for PEPFAR and \$4 billion for the Global Fund over the next 2 years to avoid losing all of our gains against HIV and risking millions of lives. This funding is separate from the increased direct investment in the global COVID-19 response but operates in a synergistic fashion. Additionally, these funds would only hold us where the response to AIDS Pandemic was. We have to do more to get on track to end the Pandemic by 2030. This would require an additional \$500 million in the regular appropriations bill for FY2021.

More Info

Scaling up to unleash the power of PEPFAR and the Global Fund will have a profound effect on stemming the tide of disruption that COVID-19 has caused, while also strengthening health systems to tackle other serious health conditions and protect peoples' right to health.

Measures required to safeguard existing PEPFAR and Global Fund programs include:

- COVID-19 control and containment interventions, including personal protective equipment, diagnostics, treatment, communications, and other public measures specified in WHO guidance;
- COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis, and malaria; and,
- Expanded reinforcement of key aspects of health systems, such as laboratory networks, supply chains, and community-led response systems, advocacy, services, accountability, and human-rights based approaches.

While PEPFAR and the Global Fund may be flexible in responding to this crisis, the COVID-19 response *must not* divert funding away from their core mandate of responding to HIV, TB, and malaria. Those plans are even more urgent now as COVID-19 descends on health systems already in crisis, that face routine medicine stockouts, health worker shortages, and impoverished patients navigating the harsh reality of catastrophic costs for life-saving care. U.S.-funded global HIV/AIDS programs have shown that they have the capabilities to tackle this crisis. However, it will take a major investment of new resources to fully support these life-saving programs.

The U.S.' global response to COVID-19 must be fully funded to enable PEPFAR and the Global Fund to continue working to significantly increase the number of countries that achieve epidemic control and deepen the impact of key programmatic efforts.