

Bouncing Cheques & Broken Promises

Funding Cut Backs & the Impact

Bactrin Killingo

ITPC – Africa

Universal Access

- Universal access to HIV prevention, treatment, care and support by 2010 is the **STIMULUS PACKAGE** that governments agreed to when they adopted the political declaration on HIV/AIDS at the United Nations General Assembly in 2006. (*UNAIDS*)
- Countries did commit to **HALT** and **REVERSE** the spread of HIV by 2015

State of things...

While gains have been made the epidemic is still growing; for every 2 people that have been initiated on treatment, 5 people are newly infected. (*UNAIDS*)

Woulda, Coulda, Shoulda...

- An investment of US\$ 25.1 billion (US\$ 18.9 billion–US\$ 30.5 billion) will be required for the global AIDS response in 2010 for low- and middle-income countries. (*UNAIDS 2009*)
- \$25 billion will ensure the following: -
 - 6.7 million Individuals would be receiving antiretroviral treatment.
 - 2.1 million people will be receiving treatment for opportunistic infections and palliative care
 - More than 70 million pregnant women will be screened and receive prevention of mother-to-child transmission services
 - 20 million men who have sex with men, 7 million sex workers and 10 million people who inject drugs will receive HIV prevention services.
 - 7 million orphans will be supported
 - Nearly 8.1 billion condoms (male and female) distributed. This will result in averting 2.6 million new HIV infections, cutting HIV incidence by nearly 50% and averting 1.3 million deaths.

The Promises

African Governments

- “...placing the fight against HIV/AIDS at the **forefront** and as the **highest priority issue** in our respective national development plans... for the first quarter of the 21st century.”
- “...set a target of allocating at least **15%** of our annual budget to the improvement of the health sector” **(2001)**

The Promises

The Donor Community

- G8 & GF
 - Promised \$10 billion a year – ~~BOUNCED~~
 - Delivered \$3 billion a year
- PEPFAR
 - Obama Campaign pledge (2007) - \$50 billion over 5 years - ~~BOUNCED~~
 - US Congress commits (2008) - \$48 billion over 5 years

The Heart Break ☹️

- **From Donors**

- In 2009, ambitious and sound proposals from developing countries to GF were met with “efficiency” or budget cuts of 10–25%.
- Flat-lining of PEPFAR Funds; no chance for scale up. Those in need of initiating treatment turned away in Kenya
- Obama to cut GF funding to \$1 billion in 2011
- Most funding from US based Philanthropies (Except Gates) remained flat in 2006/2007 and reduced slightly in 2007/2008
- Funding from UK based Philanthropies reduced by 7% since 2006

The Heart Break ☹️

•From Governments

- Average spending still low (<15%)
- Capping the No. of people enrolled in Tx programmes
- Over reliance on External AID (80% reliance on GF in EA)
- Poor Governance

Region	Average Spending on Health
East Africa	9.4%
Southern Africa	10.3%
West/Central Africa	<7%

Only Botswana, Rwanda, Djibouti, Burkina Faso, Liberia & Malawi have in one way or another erratically achieved this

The Impact of Broken Promises

- Reversal of gains
- Reduced testing
- No new enrollment
- Closure of programmes
- Treatment interruptions

“Responding to immediate fiscal pressure by reducing spending on HIV treatment and prevention will reverse recent gains and require costly offsetting measures over the longer term”

World Bank

The Impact of Broken Promises

- Increased Morbidity & Mortality
- Increased HIV Incidence
- Resistance & a Public health crisis
- Weakened Health Systems
- Increased Poverty
- **Looming Global Crisis the World has never seen**

“The disorganized failure of public health treatment for AIDS and TB through lack of funding will burden countries with a cohort of sick and dying citizens, some of whom will not be treatable with first line therapies. The costs of such a failure would go beyond expensive second line regimens and lost life years, and extend to the legitimacy of development assistance for health”

World Bank

"Investments now in HIV and health broadly are fundamental prerequisites for global development,"

*Julio Montaner,
President of the International AIDS Society*

To reach the goal of universal access, it is imperative that the Global Fund is fully funded.

“There ... is an obligation to ensure that an exit from externally funded programs does not leave people and countries worse off than if there had been no outside intervention”

World Bank



Photo UNAIDS / WHO



“...the human face must be kept in mind; behind each reduction or cutback is an individual, a family. Investments already made in responses to AIDS are showing results. This is a time for scaling up, not scaling down”

UNAIDS