

WORLD AIDS DAY 2020

POLICY BRIEF

ONE

INTRODUCTION

2020 wasn't meant to be like this.

Global health experts and activists were planning to kick off a “decade of delivery” with the hope of ending many preventable diseases — and in particular, finally getting the HIV/AIDS epidemic under control globally.

Instead another global pandemic has taken hold, claiming millions of lives, sending economies into free fall, and pushing entire countries into lockdown. Global health has gone from a fringe issue to the forefront of people’s minds all over the world.

This raises many critical questions: How do we tackle both crises at once? What can the fight against AIDS tell us about how to tackle a global pandemic like COVID-19? And how can we prevent COVID from undermining decades of incredible progress tackling HIV/AIDS?

STATE OF THE GLOBAL AIDS RESPONSE

The last time the entire world came close to being this focused on a pandemic threat was over two decades ago, when HIV/AIDS was killing almost 4,000 people every day and new infections doubled year after year.

Since then, the global response to AIDS has become a global success story. Today 25.4 million people are receiving live-saving AIDS treatment that enables them to live long, healthy, productive lives, and AIDS-related deaths have been cut by more than half.¹ In many ways, the success of the AIDS response to date is a model for what is possible with strong political will and consistent, long-term funding.

But these gains are matched with massive challenges that remain. While over half of people living with HIV now have access to live-saving

medicines, 12.6 million people are living with HIV but still not receiving treatment.² In 2019 alone, 690,000 people died from AIDS, and AIDS-related illnesses are still the leading cause of death for women under 50, claiming more lives than breast cancer and strokes combined.³

And the epidemic is still growing at an alarming pace. Three people contract HIV every minute, and 57% of these new infections are in sub-Saharan Africa.^{4 5} And within sub-Saharan Africa, nearly a quarter of new infections occur among young women aged 15-24.⁶

Together, these data show that progress to date, while remarkable, is fragile and should not mask the massive challenges that remain. **Earlier this year, UNAIDS reported that the world would fail to reach any of the 2020 targets set to benchmark progress toward ending the AIDS epidemic.** Any regression at this point risks a global resurgence of the epidemic.

Impact of COVID-19 on the HIV/AIDS Response

Now, COVID-19 risks blowing HIV progress further off course. People living with HIV are at greater risk of developing more severe disease if infected with COVID-19.⁷ Lockdowns and other social distancing measures are affecting the ability of those with HIV to access vital health services. The Global Fund reported that as of the end of October, nearly 20% of countries were still experiencing high levels of disruption in services that deliver prevention, testing, and treatment support for people living with HIV.⁸

These disruptions have deadly consequences. Modelling estimates show that **if health systems collapse or treatment and prevention services are interrupted, the death toll from HIV, TB, malaria, and other diseases could exceed deaths from COVID-19 itself.** A six-month disruption of antiretroviral therapy due to COVID-19 could lead to more than 500,000 extra deaths from AIDS-related illnesses, including from tuberculosis, in sub-Saharan Africa.⁹

The health impact of COVID-19 and HIV/AIDS is matched by a devastating and growing economic impact in many parts of the world. Sub-Saharan Africa — the region most heavily affected by HIV/AIDS — will fall into recession for the first time in 25 years, with economic growth predicted to contract by at least 3% in 2020, the worst on record. Additionally, **COVID-19 threatens to push up to 40 million people into extreme poverty in Africa, threatening many of the health and development gains of the past decade.**

Responding to this moment

Thanks to decades of investment, there are people, programs, and systems with the experience to respond to pandemic threats like HIV/AIDS and COVID-19 alike. For example the Global Fund, PEPFAR, and UNAIDS are working alongside countries and other international organizations to stop the spread of COVID-19 and mitigate its impact on HIV services.

To date, the Global Fund has committed \$1 billion in existing funds to support countries as they respond to the pandemic, adapt programs and services, and reinforce overstretched health systems. Similarly, PEPFAR is providing programs flexibility and adapting technical guidance to ensure PEPFAR-supported health services meet the diverse needs of clients during the pandemic.¹⁰

UNAIDS has developed guidance on how existing health infrastructure focused on HIV/AIDS can also be used to respond to COVID-19, as well as guidance on reducing stigma and discrimination during the pandemic response.^{11,12} The Global Fund is also lending its expertise to help scale up access to COVID-19 therapeutics and diagnostics globally.

LESSONS ON PANDEMIC RESPONSE FROM THE FIGHT AGAINST AIDS

Nearly four decades into the fight against AIDS, many lessons learned can be applied to other infectious disease responses. Here are a few that should be heeded in the COVID-19 response.

First, health inequities must be anticipated, acknowledged, and addressed. New infections of HIV are increasingly concentrated among poorer people and countries, and more vulnerable populations like women, men who have sex with men, and sex workers. Similarly, COVID-19 impacts certain groups more than others, like older adults, health workers, and in some places certain racial and ethnic groups. In both cases, it's crucial to understand the nature of the pandemic at the community level and tailor interventions for the most vulnerable. COVID-19 will not affect everyone equally. Our efforts should acknowledge this inequality, not increase it. A blanket approach to prevention and treatment risks leaving the most vulnerable populations behind.

Second, as effective new technologies come to market — such as diagnostics, treatments, or vaccines — they must be made available to all vulnerable groups, no matter where they live. The AIDS response tragically demonstrated that when market dynamics drive access to health technologies, it costs lives. When effective AIDS treatments were discovered, it took almost two decades for them to become readily available to the hardest hit populations in Africa in part because of restrictive pricing and patent laws.¹³ Similarly, the H1N1 pandemic response saw the limited supply of vaccines siphoned off to the highest bidder.¹⁴ We risk a similar outcome with COVID-19 vaccines and therapeutics; already a small group of wealthy countries has purchased more than half of the expected supply of leading vaccine candidates.¹⁵

Policy makers globally must upend this precedent and prioritize access to health innovations for those individuals in greatest need.

Finally, political leadership matters — and works. Early in the global AIDS pandemic, political leadership was glaringly absent, with many heads of state refusing for years to even acknowledge the existence of the deadly virus. This helped fuel fear and stigma, and thwarted efforts to promote prevention and behavior change. It took over a decade before world leaders set global targets and matched them with funding to drive progress.¹⁶ The COVID-19 response is in its infancy but already political leadership has been more visible on COVID-19 than the early days of other pandemic threats like HIV/AIDS. A coalition of international institutions have set up the Access to COVID-19 Tools Accelerator (ACT-A), a unique global collaboration that is positioned to deliver a coordinated global response to COVID-19 at scale and at speed. And many world leaders have pledged funding to support the global response. But we have also seen where leadership has failed — where politicization of the virus has superseded science, and lives have been unnecessarily lost. Moving forward, world leaders must follow the science, and work across borders to advance collective efforts.

RETOOLING THE AIDS FIGHT FOR THE NEXT DECADE

Even before this pandemic, the world was off track to end AIDS by 2030. Moving forward, it is crucial that we take stock of the current approach and retool the strategy and targets to reflect the real challenges and opportunities of the decade ahead. Here are three vital steps.

- **Invest fully in the colliding epidemics of HIV and COVID-19:** We cannot take money from one disease to treat another. At least an additional \$5 billion is needed to mitigate the impact of COVID-19 on the AIDS fight¹⁷; this is in addition to the \$26.2 billion needed to fight AIDS in 2020 alone, of which we're already falling nearly 25% short.^{18 19} The continued response to both HIV and COVID-19 must be fully funded if we are to avoid massive loss of life and a resurgence of HIV globally.
- **Focus on the most vulnerable and hardest to reach people:** Whether AIDS or COVID-19, infectious disease outbreaks too often hit the most at-risk populations hardest. Over half of new HIV infections in 2020 occurred among most at-risk populations, despite them constituting a very small proportion of the general population. National governments and international programs must find new ways to fight stigma and reach these populations with health and prevention services.
- **Unlock more sustainable funding for HIV/AIDS and resilient health systems:** In 2019, funding for HIV fell by 7% from 2017, to just over \$18 billion. This setback means that funding is 30% short of the \$26 billion needed to effectively respond to HIV in 2020. Without a meaningful stepchange in how HIV/AIDS programs are funded, this trend is likely to continue and certain to cost lives. Governments and international institutions must find innovative ways to fund HIV/AIDS programming that remain results-oriented and catalyze increased domestic resources. The Global Fund's new Health Finance department is a promising step in this direction that other funders should learn from and replicate. Increased and sustained investment from the private sector is also crucial.

ENDNOTES

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