



THE INCREASINGLY THIN RED LINE

HOW COVID -19 IS UNDERMINING THE FIGHT AGAINST AIDS AND WHAT MUST BE DONE TO END BOTH PANDEMICS

Introduction

For over a decade the global response to AIDS has been heralded a relative success — a model for what's possible when political will and funding are consistently directed toward a global health crisis. But that well earned progress is now at risk of backsliding.

The good news is that the institutions and systems built to fight AIDS have been agile and responsive to this COVID crisis and are largely holding the line. The bad news is that they probably cannot hold that line much longer at current capacity, and with sustained headwinds from an unequal and inadequate COVID response.

After two years of tackling both pandemics simultaneously, a sober truth has emerged: persevering and catalyzing two decades of progress on HIV/AIDS will require stopping the spread of COVID-19 first.

This brief examines the state of the HIV/AIDS pandemic amid COVID-19, highlights the innovations and lessons that should underpin any pandemic response moving forward, and recommends three areas where progress is needed to put the AIDS response back on track.

State of the HIV/AIDS pandemic

Two decades ago, HIV/AIDS was killing almost 4,000 people every day and new infections doubled each year. Today, 28.2 million people are accessing lifesaving treatment and AIDS deaths have dropped by more than half since their peak.¹

Through this lens, the AIDS response has been successful. It shows what is possible when political will and consistent, long-term funding are focused toward a global health threat.

However, this progress is fragile and should not mask the remaining challenges. Barriers to testing and treatment mean that 10 million people living with HIV still don't have access to antiretroviral drugs.² And despite progress, AIDS continues to spread at an alarming pace; 1.5 million people became newly infected with HIV last year alone.³ More must be done to prevent new infections, especially among vulnerable and hard-to-reach populations.

How the global AIDS response has adapted during COVID-19

The committed and strategic approach to the fight against HIV/AIDS has been even more crucial in the face of COVID-19. Long-term investments made over the past two decades have helped build strong global health institutions and country-level partnerships that have proven agile and responsive during the pandemic.

For example, programs supported by the Global Fund to Fight HIV/AIDS, TB, and Malaria have made several changes to adapt to challenges caused by COVID-19. These include dispensing multi-month courses of antiretroviral drugs; dispensing multi-month supplies of HIV prevention tools like

condoms, needles, and pre-exposure prophylaxis; and providing prevention and outreach services via digital and social media platforms to key populations. Thanks in part to these changes, early data suggest that some HIV programs remained resilient in the face of the COVID-19 pandemic; the number of people receiving ARVs through Global Fund supported programs increased by 9% between 2019 and 2020, up 2% from the previous years.

Similarly, the US President's Emergency Plan for AIDS Relief (PEPFAR) adapted their programs to protect HIV gains and respond to COVID-19. Services such as self-testing, PrEP, multi-month dispensing of supplies, and decentralized drug delivery were scaled rapidly to respond to COVID-19.⁴ PEPFAR preserved and increased the number of people accessing HIV treatment by nearly 2 million up to 18 million since March 2020.⁵

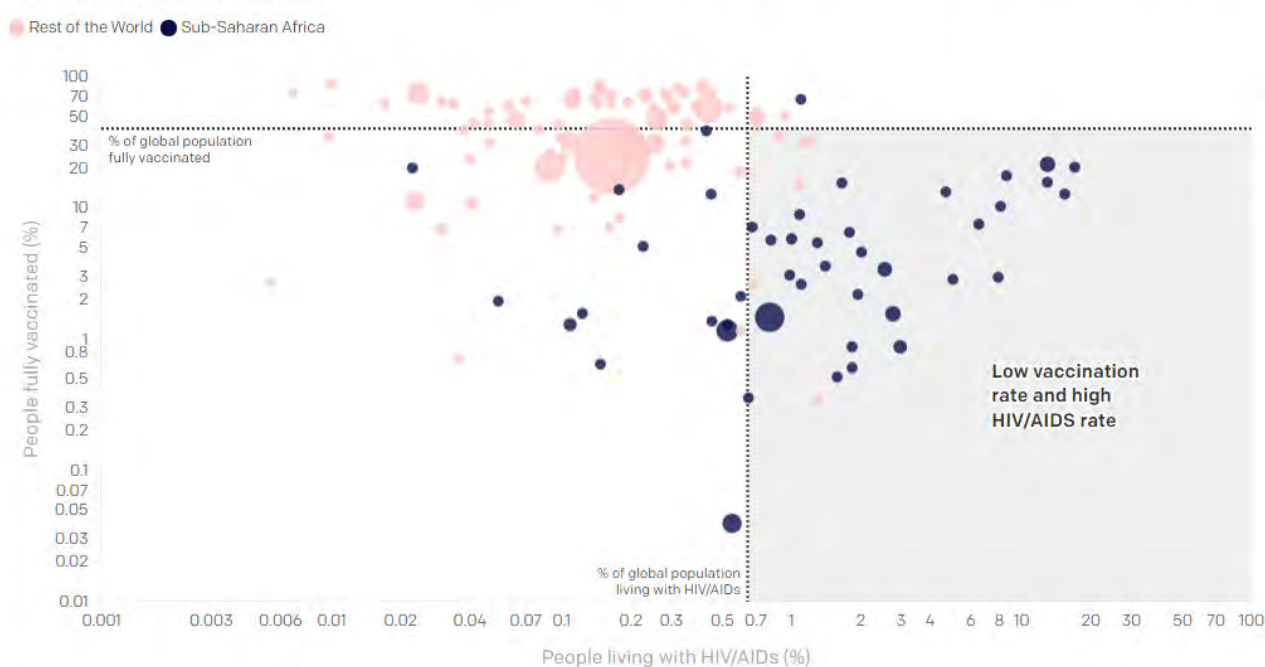
In addition, because these institutions and partnerships were tailor-made to respond to HIV/AIDS and infectious disease threats, they were seamlessly able to support the COVID-19 response. For example, as a founding partner of the ACT-Accelerator, the Global Fund was able to use its expertise in procurement and delivery to help get COVID-19 diagnostics, therapeutics, and personal protective equipment to low- and middle-income countries.^{6 7}

Impact of COVID-19 on HIV/AIDS

Despite this remarkable resilience, the direct and indirect pressures created by COVID-19 are stretching the global response to HIV/AIDS to the limit. In particular, the global AIDS response is now facing an alarming new triple threat driven by the impact of COVID-19.

1. Lockdowns and other social distancing measures are affecting the ability of those with HIV to access vital health services.⁸ As of October 1, 2021, 22% of countries where the Global Fund invests were experiencing local restrictions that impact programs run by the Global Fund.⁹ Key testing and prevention services declined compared to the previous year for the first time since the Global Fund was founded, due to disruptions caused by COVID-19. Testing for HIV/AIDS in Global Fund supported programs declined by 22% between 2019 and 2020, and the number of people reached with HIV prevention programs also declined by 11% due to disruptions from COVID-19.¹⁰ The Global Fund estimates that if there was no COVID-19 pandemic, 37 million additional tests for HIV could have occurred in 2020.¹¹ Without access to prevention and testing services, fewer people are being diagnosed or put on treatment and more people are at risk of becoming infected with HIV.¹² Border closures and supply chain disruptions have also blocked access to critical HIV treatment and prevention supplies.¹³ While the risk of supply shortages for key HIV medicines has significantly reduced over the course of the pandemic, 3% of countries where the Global Fund invests are still experiencing shortages for HIV medicines and 21% have less than 3 months worth of supply as of October 1, 2021.¹⁴
2. The economic impact of COVID-19 has deepened inequalities that increase the risk of infection among many vulnerable populations.¹⁵ Sub-Saharan Africa's economy contracted by 1.9% in 2020¹⁶ and the region is projected to have the slowest recovery from COVID-19. Additionally, the pandemic pushed an additional 97 million people into extreme poverty in 2020.¹⁷ These economic vulnerabilities are recognized drivers of HIV transmission and could lead to more new infections in the coming years.^{18 19}
3. Early evidence from studies conducted in England and South Africa suggests that people living with HIV are more vulnerable to severe disease and twice as likely to die from COVID-19 than the general population.²⁰ This risk could be mitigated with wide-spread COVID-19 vaccination, seeing that COVID-19 vaccines are highly effective at preventing serious illness and death. However, the majority of people living with HIV/AIDS are in parts of the world with extremely limited access to COVID-19 vaccines. Sub-Saharan Africa is home to almost 70% of people living with HIV, but less than 5% of the population has received at least one dose.²¹

Sub-Saharan Africa is home to the majority of people living with HIV/AIDS, but access to COVID-19 vaccines remains limited.



Sources: Vaccination Data from Our World in Data; HIV/AIDS data from UNAIDS (2020) • Last Accessed 15 November 2021
Each data point is representative of the total population in each country. Only countries with both vaccination and HIV/AIDS data are included.

Lessons from HIV/AIDS and COVID-19

On the surface, HIV and COVID-19 have few things in common: they have different modes of transmission, generate different symptoms, and require unique responses geared towards different populations. But these viruses share a unique distinction: they have caused the only full-blown pandemics the world has experienced in the past 50 years. And the global response to these pandemics have generated some common lessons that should underpin all pandemic responses moving forward:

- **Health inequities must be anticipated, acknowledged, and addressed.** New infections of HIV are increasingly concentrated among poorer people and countries, and more vulnerable populations such as women, men who have sex with men, and sex workers. Similarly, COVID-19 impacts certain groups more than others, including older adults, health workers, and certain racial and ethnic groups. In both cases, it is important to understand the nature of the pandemic at the community level and tailor interventions for the most vulnerable. A blanket approach to prevention and treatment risks leaving the most vulnerable populations behind.
- **When effective new health innovations like diagnostics, treatments, or vaccines come to market, they must be made accessible 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.²² We are at risk of a similar outcome with COVID-19 vaccines and therapeutics; high-income countries have purchased three times more doses than COVAX, even though COVAX is serving a population three times the size of that in high-income countries.²³ As a result, five times as many people in wealthier countries have received a booster shot as people in low-income countries got their first dose of vaccine.²⁴ Policy makers must upend this precedent and prioritize equitable access to

health innovations during global pandemics. Otherwise, they risk undermining the prospect of recovery everywhere.

- **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 for world leaders to set global targets and match them with funding to drive significant progress.²⁵ Political leadership was more visible on COVID-19, with world leaders declaring that it's in everyone's interests to end the pandemic and halt the resulting economic carnage. But these declarations have not been followed by the urgent action this crisis demands. The COVID-19 Summit hosted by US President Joe Biden in September 2021 had the potential to generate much-needed momentum, with global targets and multiple high-level ministerials set to spur global action.

What needs to happen next

Even before COVID-19, the world was off track to end AIDS as a global health threat by 2030. Now, COVID-19 is blowing the AIDS response further off course, and it risks spurring a resurgence of HIV. Moving forward, it is crucial to 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 four vital steps:

- **End COVID-19 as a public health threat** by rapidly scaling up vaccination coverage in low- and lower-middle income countries. As long as COVID-19 is circulating unchecked, it will continue to overburden health systems, divert resources from HIV services, and unnecessarily put lives at risk.
- **Invest fully in resilient health systems and the colliding epidemics of HIV and COVID-19:** In 2020, \$21.7 billion in resources were available to address HIV, nearly 20% below the \$26.2 billion target set forth for the year. Underinvestment in the HIV responses of low- and middle-income countries was a major contributor in missing the global HIV targets for 2020, according to UNAIDS.²⁶ Governments and international institutions must find innovative ways to fund HIV/AIDS programming that is results-oriented and to catalyze increased domestic resources. Financing mechanisms such as the Global Fund's COVID-19 Response Mechanism have been welcome, but we must ensure money is not being taken from one disease to treat another. 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. The Global Fund's replenishment in 2022 will be a major opportunity for donors to step up.
- **Focus on the most vulnerable and hardest-to-reach people:** Over half of all new HIV infections in 2020 occurred among the 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.
- **Build an integrated response system to prevent, detect, and respond to any emerging disease:** HIV infrastructure has been crucial to many countries' rapid pandemic response. At the onset of the COVID-19 pandemic, existing HIV and TB laboratories in Nigeria were repurposed to increase diagnostic capacity for COVID-19, increasing the number of laboratories from 4 to 150. Other countries, such as South Africa and India, have also repurposed existing HIV infrastructure to expand their ability to respond to the COVID-19 pandemic.²⁷ However, not every country has the resources to rapidly repurpose existing infrastructure to help them prepare and fight pandemics. In 2015 as part of the Sustainable Development Goals, countries committed to reducing inequalities within and between countries. Building an integrated response system and strengthening health systems in each country will prepare nations to respond to both COVID-19 and HIV/AIDS as well as future pandemics, without taking resources from one to fight another.

Conclusion

Perhaps the greatest risk of all is pandemic fatigue. After nearly two years of living with an immediate health threat and the measures required to contain it, it's natural that both people and politicians want to move on. Security threats, economic stagnation, and the burgeoning global climate crisis all demand governments' attention.

But it would be a critical error to turn our backs on these twin health threats. Millions of lives are still at threat from these viruses. These viruses are not only threats to our health, but also represent economic and national security disasters. And they stand in the way of making progress on the other great challenges facing our generation, undermining our efforts to tackle poverty, injustice, or threats to our natura

Moreover, HIV and COVID-19 are not the last pandemics we'll face in our lifetime. The world will see pandemic threats more frequently moving forward. Success in the fight against these viruses will help us develop the tools to defeat future health threats. Failure will leave us exponentially more vulnerable.

This should guide us to a simple conclusion that applies whether coming at these issues from a moral, economic, or plain common sense perspective. We must not let COVID undermine our efforts on AIDS, and we must double down on efforts to defeat both viruses. With the world finally rising to the challenge of COVID-19, and with a crucial replenishment round for the Global Fund coming up, 2022 will be a critical year in the fight against these diseases. We cannot afford to miss the opportunity it brings.

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