Meet Global HIV and TB Commitments Now:
A Call for Action and Global Solidarity

Irresponsible and destructive declines in HIV and TB funding in middle-income countries

The world is failing people living with and affected by HIV and TB. Despite commitments to meet ambitious global targets for HIV and TB treatment and prevention, governments have consciously, even deliberately, refused or failed to uphold them. This is a health and human rights catastrophe that can and must be avoided.

In the same year that governments agreed to Sustainable Development Goals (SDGs) that "leave no one behind", donor government funding to support HIV responses in low- and middle-income countries decreased from $8.6 billion in 2014 to $7.5 billion in 2015.[1] Equally at fault are national governments that have failed to adequately fund their HIV, TB and health programs, and, have all too often left key and vulnerable populations without services and facing increased discrimination and criminalization. Especially hard hit are middle-income countries (MICs). This World Bank classification is used by the Global Fund and other donors and based on a simplistic and crude per capita income estimate. It is inappropriate for assessing health needs. "Middle income" countries are home to most people living in poverty and the majority of all people living with HIV and TB. People in upper-middle-income countries (UMICs) will suffer most, with a risk of immediate and steep funding cuts that will gut prevention programs for key populations, as well as programs addressing gender inequality. At the same time that MICs and UMICs are targeted with funding cuts, these countries are also facing higher medicines prices because of intellectual property barriers—and they are excluded from most voluntary licensing agreements.

A Call for Global Solidarity

As organizations advocating on behalf of people living with and affected by HIV, TB and vulnerable populations, we cannot allow these irresponsible funding withdrawals to exacerbate inequality and force communities and countries to compete and be pitted against each other. We refuse to be divided this way. We stand together to oppose the destructive and devastating retreat from HIV and TB responses that equally value all people in need, wherever we live and whoever we are. These funding cuts and the processes to implement them are immoral and antithetical to public health and human rights goals.

Domestic governments must meet their commitments and provide their share of needed resources for HIV and TB. In fact, no one has worked harder than civil society to advocate that our governments increase their funding for health and development. But, as funding transitions take place, the first priority must be to ensure that progress is sustained to address the specific and distinct needs of people living with HIV and TB and communities of key and vulnerable populations.

The deadly impacts are already evident—and are on a fast track of accelerating harm.

The consequence of this reckless behaviour is evident in countries where transitions have already taken place. In diverse contexts such as Colombia, Romania, and Vietnam, actual or planned decreases in external funding have led to steep declines in resources available for domestic HIV, TB and other key health services. National and local governments are unable or unwilling to fill the gaps. Much of the significant progress made to date is rapidly lost and investments made over the last decade are wasted. One of many examples of the impact of these funding cuts is Romania, in which HIV infection rates among people who use drugs rose significantly after the Global Fund's withdrawal in 2010. At that time, 4.2% of new HIV infections were related to intravenous drug use. That percentage rose to 49.2% by 2013 after harm reduction programs were defunded.

The dire consequences will be repeated and magnified as more countries are pushed aside by myopic and heartless decisions to withdraw from MICs and essentially abandon those whose survival depends on access to treatment and services. The most affected are women, girls, men who have sex with men,

sex workers, transgender people, migrants, and people who use drugs. Their basic human rights are ignored because of decisions made by their own governments and those in distant donor countries.

We call on donor and implementing governments:

- To honour the global commitments of the 2015 SDGs to leave no one behind
- Fully fund HIV and TB responses around the world, and thereby forestall a fully preventable health, social, financial and moral emergency; and
- To structure HIV and TB funding transition processes on the basis of what is best for **people** infected and affected by HIV and TB, their **families** and **communities**.

This Call to Action was developed by participants at the recent meeting, ***Financing HIV and TB Services and Advocacy in Middle Income Countries: Developing an Action Plan***. This statement will be followed by a detailed advocacy strategy to mobilize and unite our communities and fight the failures of our governments from both north and south to honour their commitments.

Sign on and support this statement and we will provide multiple ways to support these efforts.

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[1] Kaiser Family Foundation. Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2015. July 2016.