



AIDS AND TUBERCULOSIS: A GLOBAL PERSPECTIVE

AIDS AND TUBERCULOSIS CONTINUE TO CAUSE MILLIONS OF DEATHS AND NEW INFECTIONS EACH YEAR. ACCORDING TO THE MAIN WORLD HEALTH ORGANISATIONS, WITH THE RIGHT POLICIES AND FINANCING, THESE PANDEMICS COULD BE PUT TO AN END BY 2030, BUT THE REALITY IS THAT AT PRESENT NEITHER THE RESOURCES NOR THE POLITICAL COMMITMENT ARE SUFFICIENT AND ADVANCES ARE SLOW AND UNEQUAL. STRONG EUROPEAN LEADERSHIP IS NECESSARY AND GOVERNMENTS MUST BE COMMITTED TO THE FIGHT AGAINST THESE ILLNESSES WITH AN APPROACH FOCUSED ON HUMAN RIGHTS, SUPPORTING KEY POPULATIONS AND CIVIL SOCIETY AND THE FINANCING OF BODIES SUCH AS THE GLOBAL FUND TO FIGHT AGAINST AIDS, TUBERCULOSIS AND MALARIA, TO WHICH SPAIN HAS NOT BEEN A DONOR SINCE 2011.

TUBERCULOSIS: MORE DEADLY THAN HIV

Despite tuberculosis (TB) being curable and preventable, it has become the world's most deadly infectious disease -above HIV- and it is one of the ten most common causes of death worldwide: in 2017 alone around 1.4 million people died as a result and some ten million people contracted tuberculosis.

Tuberculosis is present world-over, although in 2017 more than 95% of all the tuberculosis related deaths occurred in low and medium income countries. 64% of the total tuberculosis death rate was limited to just seven countries: India, Indonesia, China, the Philippines, Pakistan, Nigeria and South Africa, and these countries are also home to two thirds of new cases.

More people with tuberculosis being diagnosed and treated has led to a decrease in the death rate of almost 40% between 2000 and 2017, preventing some 45 million deaths over that same time period.

However, there are still huge, persistent gaps to overcome. For example, with regard to diagnosis: of the

estimated 10 million new infections in 2017, only 6.4 million of these were notified. Despite this being the historic record of detected new cases, it implies that more than 3.5 million people were undiagnosed and thus, untreated.

A drug-resistant disease

Furthermore, tuberculosis has drug-resistant, multidrug-resistant (MDR-TB) and extensively drug-resistant (XDR-TB) strains that do not respond to one or several common drugs. It is estimated that in 2017 there were 560,000 new cases of drug-resistant tuberculosis, of which just 160,000 were detected and less than 140,000 (25% of the estimated total) were subject to treatment.

People with drug-resistant, multidrug-resistant and extensively drug-resistant tuberculosis have to receive treatment that is different to the usual treatments in order to be cured. However, these treatments are not always available and they tend to be extremely toxic and long-term (around two years of pills and vaccinations, compared to 6 months of treatment for normal tuberculosis). Moreover, data shows that the cure rate is just 55% for MDR-TB treatment and 35% for XDR-TB.

The drug-resistant tuberculosis epidemic hits disproportionately in the region of Eastern Europe and Central Asia, where almost half of all detected cases of tuberculosis are multidrug-resistant and the number of people with resistant strains increases by more than 20% each year.

Two new drugs for DR-TB

After more than 50 years without new medication, the first effective drugs with fewer side effects to appear on the market to treat drug-resistant strains of the disease were Bedaquiline and Delamanid, approved by the European Medicines Agency in 2012 and 2014 respectively. However, at present barely 12% of patients in need have had access to these drugs since then, even in spite of the WHO's recommendation in August 2018 to include Bedaquiline in the central axis of MDR-TB regimens.

The main reasons are the concerns surrounding the lack of data demonstrating drug safety, the reluctance of governments to include new drugs in the national programmes and the scarce incentives for pharmaceutical companies to register and market their products in poor countries. The current prices of the drugs also constitute an insurmountable barrier to their access. Research by Médecins Sans Frontières shows that the new treatment which includes the two drugs entails a large price increase compared with traditional treatments. For example, treatment with Bedaquiline and Delamind for 20 months could cost up to 9,000 dollars, some 500% more than the current price.

Commitments after the first UN General Assembly high-level meeting on TB

The United Nations Sustainable Development Goals (SDG) aim to achieve the end of the tuberculosis epidemic by 2030, but if the current rate remains, this will not be achieved for another 180 years. That is

because despite developments in recent years, the rate of new cases has reduced by a mere 2% per year.

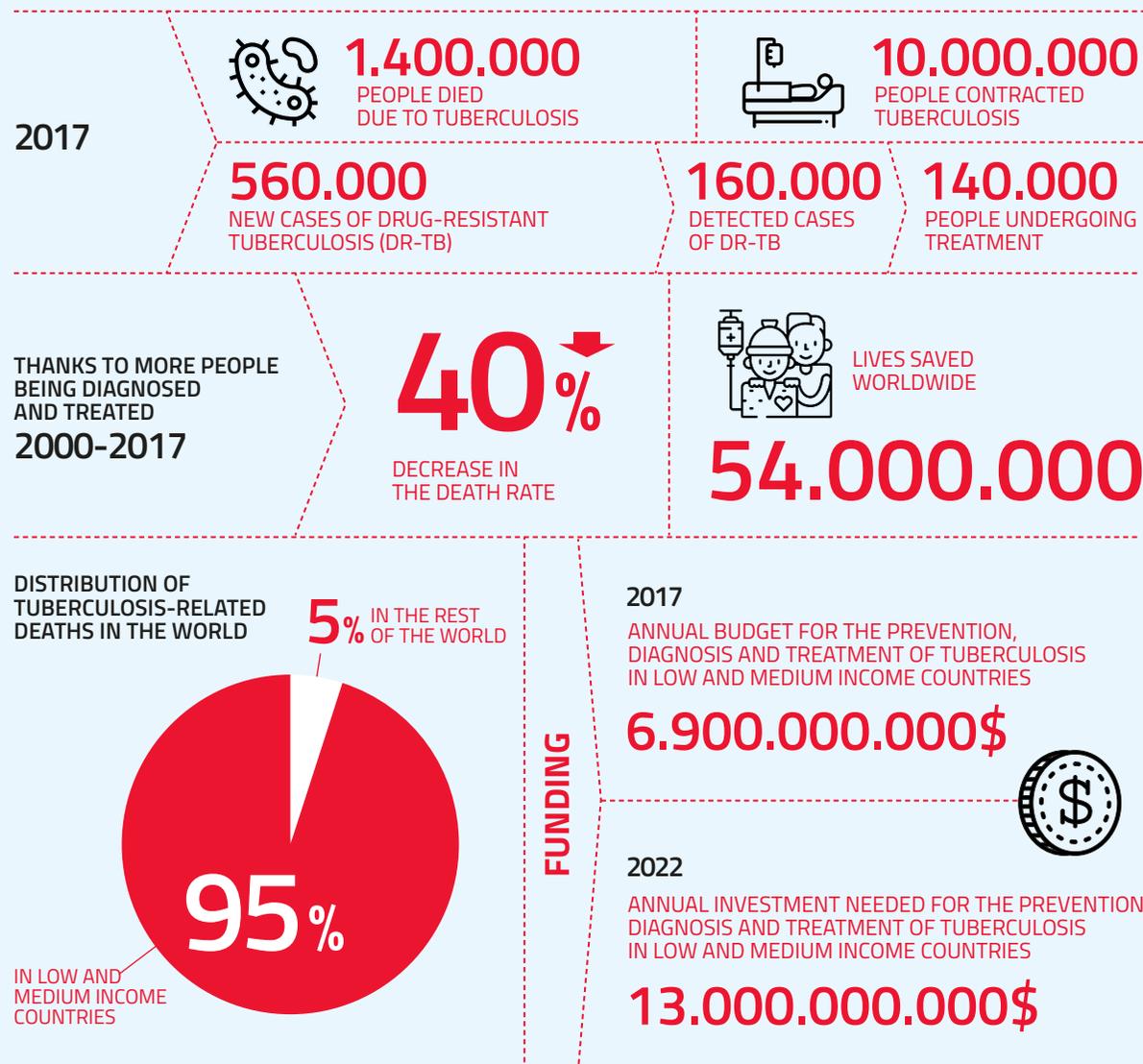
In September 2018 the first UN General Assembly high-level meeting on tuberculosis took place in New York, demonstrating the need to work together and at the highest level to fight against this pandemic. World leaders, health ministers, civil society and people affected by the disease signed the Political Declaration with epidemiological goals for the prevention, diagnosis and treatment of TB.

One commitment among the many is to guarantee diagnosis and treatment, with the aim of successfully treating 40 million people with tuberculosis between 2018 and 2022. For this, the commitment is essential to overcome drug-resistant strains of the disease by means of drug and diagnosis access programmes, as well as the commitment to speed up the R+D of essential tools such as accessible, effective and safe vaccinations, drugs and diagnosis for all strains of the disease.

Funding

The high-level meeting also brought with it a commitment to funding. To put an end to this pandemic, the Stop TB Partnership estimates that the 6.9 billion dollars available in 2018 for the prevention, diagnosis and treatment in medium and low income countries will need to be doubled, with at least 13 billion dollars a year being available until 2022, including contributions from the WHO and funding bodies such as the Global Fund to fight against AIDS, Tuberculosis and Malaria.

TUBERCULOSIS IN NUMBERS



HIV/AIDS:

MORE THAN 15 MILLION PEOPLE

STILL DO NOT RECEIVE TREATMENT

In 2017, 36.9 million people around the world were living with HIV; 95% of which in developing countries. Of these, 21.7 million were receiving antiretroviral therapy.

The current number of AIDS related global deaths among people that live with HIV has reduced from a maximum of 1.9 million in 2004 to 940,000 in 2017 and the number of new infections has reduced from a maximum of 3.4 million in 1996 to 1.8 million in 2017, reflecting the rapid increase of treatment and prevention and diagnosis tools.

However, there are still huge gaps in the global response to HIV/AIDS which hinder progress against the epidemic. For example, almost 25% of people that live with HIV do not know their serological condition, and 41% are not receiving treatment. Moreover, there are regions in the world where the death and new infections rate are far from reducing, but rather they are stalled or increasing; as is the case for Eastern Europe and Central Asia and the Middle East and North Africa.

The issue with income and key populations

In Eastern Europe and Central Asia, the annual number of deaths did not reduce between 2010 and 2017. New infections of HIV have doubled in less than 20 years, and the same can be said in the Middle East and North Africa, where additionally the number of deaths has increased by 11%.

A common denominator between both regions is that they are largely made up of medium and medium-high income countries which- similarly to other regions throughout the world, particularly Latin America and the Caribbean- are stopping to receive funding from multilateral bodies and bilateral cooperation agencies and they must respond to the pandemics with their own resources.

This is something that, oftentimes, is not feasible, either because the increase in internal funding is not sufficient, or because the national response does not translate into effective programmes that reach the key populations that are most affected by the epidemic: men that have sex with other men, transgender people, sex workers, intravenous drug users and the prison population.

The legal and political barriers and the stigma and criminalisation that these populations suffer make them extremely vulnerable to HIV/AIDS. In fact, the data available suggests that 47% of the new infections of HIV in 2017 on a global level were among these key populations and their sexual partners. In Eastern Europe and Central Asia and the Middle East and North Africa it is estimated that this percentage is as high as 95%, in the Caribbean it reaches 84% and 77% in Latin America.

Furthermore, the processes of withdrawing international funding seriously damage the civil society organisations that work with these populations. With the lack of support and funding from their own governments, these organisations are forced to reduce their services (prevention programmes, needle exchanges, provision of condoms and supplies, etc.) or they even have to close their doors, leaving thousands of people affected by the disease, that are forgotten by their country's national programmes, without attention.

Funding

The global funding in the fight against AIDS is not enough to deal with all the needs that would put the HIV/AIDS pandemic to an end and fulfil the United Nations SDG. At the end of 2017, 21.3 billion dollars were invested to respond to AIDS in low and medium income countries, and 56% of these resources came from the governments of these countries. UNAIDS, the United Nations agency for AIDS, estimates that an investment of 26.2 billion dollars are needed until 2020, which will be the peak of the funding, and this will then gradually reduce until the year 2030.

HIV/AIDS IN NUMBERS

36.900.000

PEOPLE WERE LIVING WITH HIV

2017

21.700.000

PEOPLE RECEIVED ANTIRETROVIRAL THERAPY

15.000.000

PEOPLE DID NOT RECEIVE ANY TREATMENT

EVIDENT PROGRESS	GLOBAL HIV RELATED DEATHS	2004	2017
		1.900.000	940.000
	NEW INFECTIONS	3.400.000	1.800.000



25%

OF PEOPLE WITH HIV THAT DO NOT KNOW THEIR SEROLOGICAL CONDITION

FUNDING

2017

BUDGET TO FIGHT AGAINST AIDS IN LOW AND MEDIUM INCOME COUNTRIES

21.300.000.000\$



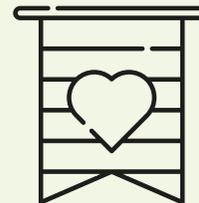
2020

INVESTMENT NEEDED TO FIGHT AGAINST AIDS IN LOW AND MEDIUM INCOME COUNTRIES

26.200.000.000\$

47%

OF NEW INFECTIONS CONTRACTED AMONG KEY POPULATIONS



**ZERO
CRIMINALS
LISA**

HIV AND TUBERCULOSIS: FATAL ALLIES

On a global level, tuberculosis is the main cause of death among people living with HIV. In 2017 alone, almost 300,000 deaths were caused by the TB/HIV co-infection, and estimates suggest that 1.4 million people live with this.

Without treatment for either of these, the tuberculosis and the HIV will make the other one worse and accelerate its progress. Tuberculosis, which is latent (not active) in approximately one third of the world population, is 20 to 30 times more likely to develop in HIV positive people that are not undergoing treatment, and the risk of death is doubled even if treatment is being received.

THE GLOBAL FUND

IS A KEY PLAYER TO PUT THESE

PANDEMICS TO AN END

Founded in 2002, the Global Fund to fight against AIDS, Tuberculosis and Malaria is an organisation designed to put these epidemics to an end sooner. It is an association between governments, civil society, the private sector and people affected by the diseases that collects and invests close to 4 billion dollars a year to support health programmes administered by local experts in the countries and communities with the greatest need.

In its latest report, the Global Fund stated that it had contributed to saving 27 million lives through these programmes which, among other things, offer HIV treatment

to 17.5 million people and tuberculosis treatment to 5 million. The annual deaths caused by both these diseases and by malaria have reduced by a third in the countries in which the Global Fund is present.

The Global Fund is mainly financed by donations from different governments around the world and, to a lesser extent, by the private sector. At the most recent Global Fund Replenishment Conference (in which countries announce their financial commitments to the Global Fund) almost 13 billion euros were attained- to save 8 million lives and prevent 300 million infections, according to the organisation- by means of significant contributions such as the €1.08 billion that France provided, as it did in the past triennial, the continuation of Japan's 718 million, and the increase in Canada's provision from 600 to 718 million and Italy's from 100 to 140 million.

GLOBAL FUND PROVISIONS AND COMMITMENTS

	Provision to 2016 (millions of dollars)	Commitment to 2017-2019 (millions of dollars)
UNITED STATES OF AMERICA	13.242,46 (2002-2016)	4,300,00
FRANCE	4.876,92 (2002-2016)	1.347,45
UNITED KINGDOM	3.070,47 (2001-2016)	1.710,82
GERMANY	2.828,17 (2002-2016)	998,11
JAPAN	2.667,19 (2002-2016)	800,00
CANADA	1.874,80 (2002-2016)	720,96
SWEDEN	1.153,50 (2002-2016)	347,00
HOLLAND	1.037,06 (2002-2016)	194,63
ITALY	1.126,47 (2004-2016)	174,67
NORWAY	801,74 (2002-2016)	304,33
SPAIN	724,22 (2003-2010)	0

Spain's role in the Global Fund

Spain has come to have a very important role in the Fund, being its fifth largest donor. But since 2011 it has not provided a single Euro (its only implication since then has been a remission of 17 million euros of debt from the Global Fund health programmes to three African countries: Cameroon, the Democratic Republic of Congo and Ethiopia).

In November 2016, all the parliamentary groups unanimously approved a non-binding proposal that urged the Government to return to being a significant donor to the Fund, with an approximate contribution of 100 million euros for three years.

