

MEET THE TARGET



Key Messages

- [1. Fully Resourced Global Fund](#)
- [2. Domestic Responsibilities](#)
- [3. Equity, Equality and Inclusivity](#)
- [4. Community System Strengthening](#)
- [5. One Health](#)
- [6. TRIPS and other concerns](#)
- [7. Disease-Specific](#)
 - [HIV](#)
 - [Tuberculosis](#)
 - [Malaria](#)

1. Fully Resourced Global Fund

After the Seventh Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) hosted by President Joe Biden of the USA in New York last year, a gap of US\$2.7 billion persists from achieving the target of at least US\$18 billion. The Replenishment period witnessed some extraordinary/unprecedented contributions by Heads of States. It was the time of many firsts - Cyprus, Ghana, Guinea, Indonesia, Morocco, Paraguay, Tanzania joined as donors; 21 implementing countries donated; Indonesia government partnered with the private sector and; all G7 countries donated more than a billion US\$, with the exception of the United Kingdom.

At this crucial stage, it is vital for the Global Fund to be fully resourced. The gap of US\$2.7 billion is not just a matter of numbers but in reality, of lives! A significant number of people living with HIV, caretakers, families and communities will be impacted along with reducing the chances of reaching the 2030 targets related to HIV, TB and malaria. As communities living with, affected by and/or vulnerable to HIV, TB Malaria we need to come together to continue rallying for US\$18 billion to meet the target and fund the gap.

Key Messages:

1. The gap of US\$2.7 billion is not just a matter of numbers but of lives affected. World leaders need to fund the gap for a fully resourced Global Fund with at least US\$18 billion.

2. For equitable social and economic development and full realisation of human potential sustainable investments in health is a must.
3. While low-income countries still rely on aid, external funding has decreased from 1% to 0.2% of global health expenditure. Fund the Global Fund for uninterrupted and well equipped HIV, TB and malaria responses across countries.
4. To achieve sustainable HIV, TB and malaria responses we can not afford to lose the money on the table. For every \$2 donated the US with the leadership of President Joe Biden will match with \$1. Not raising US\$2.3 billion means losing money out.
5. Resolution of the Addis Ababa Action Agenda of the Third International Conference on Financing for Development reaffirmed strong political commitment to address the challenge of financing for sustainable development.

2. Domestic Responsibilities

The countries have a major part to play to fully achieve Sustainable Development Goals (SDG) and Universal Health Coverage (UHC). The Global Fund has invested since 2002 to support and assist countries but the fight against it can not be won without countries stepping up their efforts.

Key Messages:

1. We can not achieve Universal Health Coverage without leadership and ownership from National Governments. World leaders need to step up and allocate more resources for national health responses including for HIV, TB and malaria responses.
2. National health plans based on a primary healthcare approach need to be strengthened to enable access to a full range of affordable and quality health services ranging from testing, preventing and treating of HIV, TB and malaria.
3. To Leverage the full potential of the multilateral system countries need to show progressive government expenditure on health. The Global Fund allocation can be accessed by countries via co-financing. Governments need to take the lead for sustainable development as a responsibility towards their citizens.
4. Countries need to have nationally appropriate spending targets for quality investments in public health services, both physical and mental, for all the people living with and/or affected by HIV, TB and malaria.
5. Without domestic resource mobilisation and political leadership at par with national capacities, we can not achieve universal health coverage and sustainable development goals.

3. Equity, Equality and Inclusivity

It is the right of every human being, without any sort of discrimination and delimited strategy of any kind, to the enjoyment of the highest attainable standard of physical and mental health. Through political commitment, policies and international cooperation, leaders along with multilateral institutions like Global Fund can tackle health inequities and inequalities within and among countries, including those that address social, economic, environmental and other determinants of health.

Meet The Target campaign advocates for equitable, people-centred, human rights-based and gender transformative inclusion of HIV, Tuberculosis and malaria responses within Universal Health Coverage (UHC). Equity, social justice and social protection mechanisms as well as the elimination of the root causes of discrimination and stigma in health-care settings are of

fundamental importance to ensure universal and equitable access to quality health services without financial hardship for all people, particularly for the poorest and most vulnerable.

Key and vulnerable populations like migrants and refugees often face barriers that limit their access to health services. Persons with disabilities often face health inequities with many likely to die 20 years earlier than others, and experience higher health care costs and gaps in service availability, including for primary care and specialised services. Women of reproductive age continue to have inadequate access to sexual and reproductive health care services. Unmet health needs, in particular among households that cannot afford the cost of health services, can result in increased morbidity and mortality due to lack of or delayed accesses. Health inequalities, within and among countries, continue to be pervasive and can only be countered through global solidarity and concerted action.

Key Messages:

1. Healthcare disparity arises when systems are not high-impact, quality-assured, people-centred, gender- and disability- responsive and evidence-based. Political commitment along with Global Fund investments can tackle health inequities and inequalities within and among countries.
2. People-centred response ensures that no one is left behind and there is health for all without discrimination, founded on the dignity of the human. Global Fund focuses on ensuring the responses are people-centred, like the Breaking Barrier initiative and channelling additional resources during times of crisis.
3. There needs to be focus on a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, with a view to achieve gender equality in health policies and systems.

4. Community System Strengthening

There is a continued global shortfall of health workers and the projected global shortfall of 10 million health workers in 2030, primarily in low- and middle-income countries. Regions with the highest burden of disease continue to have the lowest proportion of health workforce to deliver health services. Women comprise 70% of the health and care workforce, but face a 24% point pay gap compared to men across the healthcare sector, and continue to face significant barriers in taking leadership and decision-making roles. Health worker migration accelerated during the COVID-19 pandemic, with approximately 15% of health and care workers working outside their country of birth or first professional certification.

Health system resilience and universal health coverage are central for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies.

Key Messages:

1. 90% of UHC essential interventions and 75% of the projected health gains from SDG can be delivered using a primary health care approach, including at community level.
2. Primary health care can also contribute to awareness building including addressing misinformation in preventing, preparing for and responding to infectious disease outbreaks. 92% of countries faced disruption at the peak of COVID-19 pandemic which resulted in excess deaths globally.
3. For strong and resilient health systems for HIV, TB and malaria it is crucial to invest in training, recruiting, retaining and improving safety of health workers including community health workers.

4. Community system strengthening is a means of ensuring universal and equitable access to health for all particularly when delivered in low-resource areas making it vital for key and vulnerable populations living and/or affected by HIV, TB and malaria.

5. One Health

The One Health approach fosters cooperation between human health, animal health and plant health, as well as environmental and other relevant sectors.

The consequence of the adverse impact of climate change like natural disasters, extreme weather events as well as other environmental determinants of health, such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter, for health and in this regard underscore the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those in vulnerable situations, including those living in small island developing States. 25% of health care facilities lack basic water.

Migrants and people living in remote areas who previously would have to travel long to get access to HIV preventive and treatment medicines or even TB medication would have to further face more environmental and climatic challenges. Undernutrition is a serious risk factor in our fight to end Tuberculosis

Studies are also now suggesting that climate change can influence HIV transmission, although in more complicated ways. In one study, HIV infection and sexually transmitted infection (STI) were found to correlate with heavy rainfall, which is becoming more common in some parts of Africa and Southeast Asia.

Key Messages:

1. Climate change and health are related. Malaria is one of the most climate-sensitive infectious diseases. Some regions are currently witnessing a rise in malaria infections and deaths, often among the poorest and most remote communities. In 2022, Pakistan witnessed deadly floods after which there was a fourfold increase of malaria infections.
2. With conflicts and crises across the world, the world might witness a global food shortage. For healthier populations food security and adequate nutrition are necessary. Nutrition also affects the treatment of diseases such as HIV, TB and malaria.

6. TRIPS and other concerns

Express serious concern over the disparity between developing countries and developed countries in terms of the distribution of COVID-19 vaccines, noting that, since the beginning of the vaccine roll-out, the majority of all vaccines administered were concentrated in high-income countries, while low-income countries lagged behind in gaining access to COVID-19 vaccines.

Key Messages:

1. COVID-19 vaccines inequality prevented the world from eliminating COVID-19 sooner which also hindered the progress in realising SDGs. TRIPS Agreement should be used to full potential for the protection of public health and promoting access to medicines for all.

2. The fight against HIV, TB and malaria can be accelerated by providing access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies.
3. Heavy taxation on healthcare services have resulted in limited access to healthcare especially for people belonging to key and vulnerable communities.

7. Disease-Specific

Progress varied on communicable diseases in 2021, with an estimated 1.5 million new HIV infections, an estimated 1.6 million deaths from TB and a rise in the TB incidence rate by 3.6% between 2020 and 2021, 247 million malaria cases globally, and 1.65 billion people still requiring treatment and care for neglected tropical diseases.

HIV

1. Every day, 4000 people—including 1100 young people (aged 15 to 24 years)—become infected with HIV. If current trends continue, 1.2 million people will be newly infected with HIV in 2025—three times more than the 2025 target of 370 000 new infections. In 2021, 650,000 people died of AIDS-related causes—one every minute.
2. Eastern Europe and central Asia, the Middle East and North Africa and Latin America have all seen increases in annual HIV infections over the past decade. In Asia and the Pacific—the world’s most populous region—UNAIDS data now show that new HIV infections are rising where they had been falling over the past 10 years.
3. Underfunding for HIV programmes in low and middle-income countries has left a gap of \$8 billion for 2021 in HIV support. UNAIDS calculates that low-income and middle-income countries will need US\$29.3 billion by 2025, to achieve targets.

Tuberculosis

1. Commit to find, diagnose early, and treat 40 million people with TB (equivalent to over 90% of people developing TB) using screening approaches, modern diagnostics, and short treatment regimen, including:
 - a. 1.7 million people with drug-resistant tuberculosis (DR-TB) and
 - b. 3.5 million children with TB and 115,000 children with DR-TB.
2. Commit that by 2025 all high-burden countries fund, implement and monitor NSPs that include:
 - a. TB Community Rights and Gender (CRG) costed Action Plans developed based on CRG Assessments
 - b. Real-time TB community-led monitoring of access to services, quality of services, stigma and other human rights-related barriers
 - c. At least five TB key and vulnerable populations relevant to each country's context that are prioritised, have size estimations completed, are included in TB surveillance and TB programming and provided with differentiated approaches to meet their needs..
3. Accelerate the development, roll-out of & access to essential new tools to end TB by championing needs-based innovation, coordinating research, and planning for equitable, rapid roll-out from the start of the research process.
4. Invest the funds necessary to end TB by prioritising public investment in health, leveraging synergies between different agendas, building new partnerships and mobilising new funding streams.

5. Prioritise TB in pandemic prevention, preparedness and response (PPPR), antimicrobial resistance, and universal health coverage (UHC) by ensuring alignment between policy frameworks, funding streams and accountability mechanisms.
6. Acknowledging that drug-resistant TB currently accounts for a large proportion of AMR-related deaths globally, commit to develop innovative solutions to DR-TB, to alleviate human suffering, counteract AMR, and strengthen global health security.

Malaria

1. Since 2000, global partnership & sustained investments have transformed the fight against malaria – preventing 2 billion malaria cases, saving 11.7 million lives, and putting elimination within reach.
2. While many countries came together to fight for what counts at last year's Global Fund Replenishment, an unprecedented shortfall of more than 50% in global malaria funding is now holding countries back from maintaining life-saving malaria programs at current levels and reaching every life.
3. Today, the impact of malaria is more visible than ever: children are bedridden because of malaria instead of going to school, a child dies of malaria every minute. Countries and partners are working tirelessly to fight malaria. However, funding gaps are contributing to declining progress in the countries most affected by malaria
4. Africa is the region with the highest malaria burden: with an estimated 234 million malaria cases and 593,000 associated deaths in 2021, the African continent is still the hardest hit by the disease (95% of cases and 96% of deaths globally). This situation is all the more intolerable given that the disease is treatable and preventable, and it is the most vulnerable people who pay the highest price: more than two-thirds of the deaths were recorded in children under the age of 5.
5. Asia is the second most affected continent by the disease, particularly the Greater Mekong Subregion. The last mile efforts in the Greater Mekong Subregion require accessibility prevention, testing, treating services to all people, including areas, the marginalised, remote, migrant and indigenous populations.
6. For the communities to take ownership of the malaria program, it is essential to provide health services by community-based workers with a supportive and inclusive approach. Community engagement and ownership are essential for achieving and maintaining malaria elimination.