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Rt Hon James Cleverly MP
Foreign Secretary

Cc:
Vicky Ford MP
Rt Hon Lord Goldsmith
The Foreign, Commonwealth and Development Office
King Charles Street
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Dear Prime Minister and Foreign Secretary,

We are writing to you as health professionals and humanitarians to raise the alarm over the deterioration in the global fight against the HIV, tuberculosis (TB) and malaria pandemics – and to urge you to take action to remedy the situation.

Specifically, we are deeply concerned by the gaps we are seeing in essential care, and the consequences for patients and health care providers living in countries affected by funding shortfalls that are being forced to make cuts to effective medical interventions for these three diseases.

Against this background, it is alarming that, for the first time in two decades, the UK has yet to announce any commitment in response to the Global Fund's request for support. We would therefore urge you to ensure that, at the very least, the UK plays its role in meeting the financial request made by the Global Fund.

As you are doubtless aware, global engagement on pandemic preparedness and response includes maintaining commitments to curb existing pandemics like HIV, TB, and malaria, which should go apace with action to prevent future outbreaks of emerging disease. In many countries the Global Fund is the main and often the only international financial source for prevention and treatment for people facing these three diseases – as a result, the current funding shortfall it faces is a major concern.

Fight against TB, HIV and malaria going backwardsⁱ

Against the backdrop of the Covid-19 pandemic, combined with escalating social and economic crises, the fight against HIV/AIDS, TB and malaria has lost ground.

Illness and deaths from TB clearly show the reversal of gains made in previous years. As many people are dying from TB now as they did in 2017, with 1.3 million deaths per year. An estimated 10 million people become infected with the disease each year. Fewer people with drug-resistant forms of the disease are receiving treatment now compared to 2019-2020, with a 19% drop for multidrug-resistant

TB, a 37% drop for extensively drug-resistant TB, and a 16% drop for people coinfecting with HIV and TB.

Instead of meeting the 2020 objective to reduce the number of new TB infections worldwide by 20 per cent compared to 2015 figures, several countries – including Guinea, South Sudan and Mozambique – have actually seen increases in the number of infections. The 2020 objective to reduce global TB deaths has also not been reached.

It is a similar situation with HIV: the numbers of people getting tested for the disease have fallen by 22%, while prevention services have dropped by 11% from 2019 - 2020. Some 9.5 million people living with HIV are still not on treatment, while almost one-third of those who seek to start treatment already show signs of advanced HIV disease, putting them at high risk of imminent death. During the COVID-19 pandemic, large numbers of people living with HIV interrupted their treatment; now they urgently need to restart if they are to avoid the slide towards AIDS and an early death.

The number of people falling ill with malaria has regressed back to 2015 levels (at 59 per 1,000 people at risk). The number of people dying from malaria is up 12 per cent from 2019 numbers, with 627,000 deaths.

The reality of cuts on the ground

One obvious consequence seen by medical teams, is the loss of all those gains made over previous years. We are worse off on several fronts compared to a few years ago. The lost ground must first be recovered before renewed progress can be made.

As countries face insufficient funding for their medical programmes, they have to cut effective interventions from their plans. HIV programmes for pregnant women and their unborn babies are typically one of the first victims of such cuts, as are programmes targeting vulnerable groups such as men who have sex with men, sex workers and drug users.

Another effect of the funding shortfall is a substandard quality of care, which is counterproductive and potentially very dangerous for people with HIV, TB or malaria. Essential elements are left out of the standard package of care, such as tests for measuring the level of virus in the blood, medicines to treat people with opportunistic infections and complications linked to AIDS and adapted paediatric TB care.

Less support for patients through community programmes and much needed innovation

There is also less support for community health programmes, although they have proven to be highly effective. When money is tight, implementing innovative approaches and offering the most recent treatments are delayed, even though these are sorely needed and have proven their value in the past.

Ultimately, it is the patients who bear the brunt of the funding gaps. People can be forced towards harmful coping mechanisms, such as borrowing money at very high interest rates, pawning their assets or deprioritising other necessary household expenditures. This in turn increases their vulnerability and pushes them further into poverty.

Countries need to close the (massive) gap

We understand that the UK is facing challenging economic times. This pressure is being faced by countries around the world – yet the vast majority of the UK's peers have still managed to make commitments to the Global Fund. The UK has stressed the importance of making challenging decisions in favour of long-term interests: we would argue that a failure to properly fund the fight

against these global pandemics now will only buy short-term savings at the cost of a huge increase in the global burden of disease in the long term.

In your previous role as Foreign Secretary, the FCDO promised to “provide life-saving humanitarian assistance and work to prevent the worst forms of human suffering, prioritising our funding and being a global leader in driving a more effective international response to humanitarian crises.”ⁱⁱ The International Development Strategy (2022) highlighted the role played by the UK as holder of the 2021 G7 Presidency in “driving international commitments [to] strengthen health systems,” and pledged to invest in the Global Fund to combat HIV, TB and malaria in the years to come.

An estimated \$130 billion is needed for HIV, TB and malaria for the period 2024-26. With the Global Fund supplying 14% of that budget – if \$18 billion is raised. As of now the 7th replenishment conference has fallen short of this, raising US\$14.3 billion —only US\$250 million more than the 6th replenishment and 20% short of the target.

All eyes are on the UK to meet the ask of 30% increase on previous pledge—as others have done.¹ Failure to go beyond flatlining pledges of three or six years ago corresponds to reductions in real terms. Considering current inflation, overall price increases and economic problems, interventions cannot be sustained with the same amount of money. The UK is currently one of only two G7 governments yet to renew their pledge and make a commitment.

Global Fund grant recipient countries pledged more than US\$72 million at the 7th replenishment conferenceⁱⁱⁱ—despite being hardest hit by the failures of the global response to covid19 and the current economic crisis. These are valuable contributions which demonstrate the importance of the issue for many countries, but there is still a huge gap.² Additionally, expectations of domestic funding have been over-optimistic.

There is another particular risk attached to not reaching the US\$18 billion target: the USA’s US\$6 billion pledge is conditioned to one third of the total. A shortfall in other donors’ pledges would proportionally cut into the US pledge. This will have a doubly negative effect, and for late pledging governments like the UK, double the responsibility.

In 2002, HIV/AIDS, TB and malaria seemed unbeatable. The UK came together with others to create the Global Fund to fight these three diseases and for twenty years has been dedicating ODA, time, and effort to build a partnership that has saved 50 million lives and reduced the combined death rate from HIV, TB and malaria by more than half since its inception.^{iv}

ICAI reviewed the UK’s work with the Global Fund and found its organisational effectiveness, impact and value for money are highly rated by external bodies, and its replenishment model has been very successful with a significant increase in resources over the course of the Fund’s 20-year lifespan.^v By all accounts this is a successful and worthy use of UK ODA; to step away from 20 years of work risks seeing all the progress undone, and would be an unpardonable waste of UK investments to date.

Please continue UK’s support:

¹ The governments of Canada, Cote d’Ivoire, Germany, the EU, Japan, Kuwait, Portugal, Rwanda, Saudi Arabia, South Africa, Spain, Togo, Uganda, and the United States have all met or exceeded the 30% pledge increase.

² NB: When countries with designated overseas development aid (ODA) budgets - like the UK - fail to properly finance proven partnerships like the Global Fund or require evermore domestic resource mobilisation to fill gaps it has a domino effect. It shifts the burden onto individuals and communities already in need of assistance. Leaving the most vulnerable to struggle to pay for their own assistance.

Therefore we, as medical practitioners, health professionals, and humanitarian aid workers, are writing to implore you to help us provide adequate care for patients, and regain lost ground against the HIV/AIDS, TB, and Malaria pandemics – principally by continuing the UK’s unparalleled support to the Global Fund and meeting the 7th replenishment ask of increasing the previous \$1.7 billion pledge by 30%. This will help the world progress against targets to reach the 2030 Global Goals and put us on a path to bridge both the existing and expected gaps.

#	Institution	Name / Role
1	Médecins Sans Frontières / Doctors Without Borders UK	Kristen Veblen McArthur - Executive Director a.i.
2	STOPAIDS	Mike Podmore, Director
3	Evelina London Children’s Hospital Médecins Sans Frontières Belgium	Tejshri Shah - Paediatric Infectious and Immunology Diseases & Medical Technical Manager
4	Public Health, Yorkshire & Humber	Stefanie Gissing
5	TB Centre, London School of Hygiene and Tropical Medicine	Finn McQuaid - co-Director
6	Imperial College London	James Seddon, Reader in Global Child Health
7	University Hospital Bristol and Weston	Stefania Vergnano, consultant paediatrician
8	Primary Care International	Mamsallah Faal-Omisore Clinical Director
9	Evelina London Children’s hospital	Alejandra Alonso Caprile, paediatric infectious diseases consultant
10	University of Birmingham	Gabriella Morley, Public Health Speciality Registrar and academic in drug-resistant <i>Mycobacterium tuberculosis</i>
11	Hospital for Tropical Diseases, University College London Hospital; London School for Hygiene and Tropical Medicine	Victoria Johnston, Associate Professor and Consultant Infectious Diseases
12	University College London Hospitals NHS Foundation Trust	Stephen Morris-Jones Consultant Clinical Microbiology & Infection
13	TB Centre, London School of Hygiene and Tropical Medicine	Dave Moore Professor of Infectious Diseases and Tropical Medicine
14	Malaria Centre, London School of Hygiene and Tropical Medicine	Peter Chiodini Honorary Professor
15	Mucosal Pathogens Research Unit, Division of Infection & Immunity, UCL	Robert Heyderman, Professor of Infectious Diseases
16	Hospital for Tropical Diseases, University College London Hospital; North Central London South Hub TB clinic, Whittington Health; London School for Hygiene and Tropical Medicine	Michael Brown, Consultant Infectious Diseases Physician, Hon Associate Professor.

17	STOPAIDS & Action for Global Health	Nabila S Tayub, Project Manager, Policy & Operations
18	Brighton and Sussex Centre for Global Health	Gemma Aellah, Research Fellow in Anthropology and Global Health
19	Chiva	Amanda Ely (CEO) & Dr Amanda Williams (Chair)
20	Faculty of Public Health	Professor Kevin Fenton - President
21	NAM aidsmap	Matthew Hodson, Executive Director
22	UK-CAB (HIV treatment advocates network)	Alex Sparrowhawk, Chair
23	Catholics for AIDS Prevention & Support (CAPS)	(Dr) Vincent Manning - Director
24	Dr. Ayman Jundi	Consultant in Emergency Medicine, Senior Lecturer in Disaster Medicine, Chairman Board of Trustees Action For Humanity
25	South West London and St George's Mental Health NHS Trust	Jose Carlos Mejia Asserias, Peer Support and Lived Experience Lead
26	Royal Free London NHS Trust/UCL/European AIDS Clinical Society	Dr Sanjay Bhagani, Consultant Physician and Associate Professor
27	Royal Free London NHS Foundation Trust	Dr Tristan Barber, Consultant Physician and Associate Professor
28	BASHH, British Association of Sexual Health and HIB	Dr Claire Dewsnap, Consultant Physician, BASHH President
29	Positively UK	Silvia Petretti Chief Executive\Tristan Barber Chair
30	BMA (British Medical Association)	Dr Kitty Mohan, Chair of the BMA International Committee
31	Doctors of the World UK	Simon Tyler, Executive Director
32	National AIDS Trust	Deborah Gold, Chief Executive
33	British Paediatric Allergy, Immunity and Infection Group, Imperial College Healthcare NHS Trust	Dr Elizabeth Whittaker, Convenor, Consultant Paediatric Infectious Diseases
34	TB Alert	Paul Sommerfeld, Executive Trustee
35	TB Europe Coalition	Paul Sommerfeld, Chair
36	Great Ormond Street Hospital for Children NHS Foundation Trust	Dr Alasdair Bamford Consultant Paediatric Infectious Diseases
37	Daisy Hill Hospital, Northern Ireland	Dr Julie Lewis Consultant Paediatrician
38	Queen Elizabeth Hospital, Gateshead	Dr Jude Eze, Consultant Paediatrician
39	Barnsley Hospital, South Yorkshire	Dr Diarmuid Kerrin, Consultant Paediatrician

40	Royal Hospital for Children, Glasgow	Dr Rosie Hague, consultant paediatric infectious diseases
41	MRC Centre for Medical Mycology, University of Exeter	Prof Adilia Warris, paediatric infectious diseases specialist
42	Department of Paediatrics, University of Oxford & Oxford University Hospitals NHS FT	Dr Stéphane Paulus, Consultant in Paediatric Infectious Diseases
43	Health Poverty Action	Martin Drewry, CEO
44	Find Your Feet	Bangyuan Wang, Head of Programmes
45	University of Oxford	Dr. Else Bijker, paediatrician
46	University of Oxford	Dr Peter O'Reilly, Paediatrician
47	Joint Tuberculosis Committee, United Kingdom	Professor Onn Min Kon, Chair
48	UK Academics & Professionals to End TB	Dr Jessica Potter, Co-Chair
49	British HIV Association	Dr Laura Waters, Chair
50	University of Glasgow	Prof Mike Barrett, Director of Diploma in Tropical Medicine and Hygiene course
51	University of Birmingham	Dr James Scriven, Consultant Physician and Senior Clinical Lecturer in Infectious Diseases
52	London North West University NHS Trust	Dr Laurence John, Consultant Infectious Diseases and Acute Medicine
53	London School of Hygiene and Tropical Medicine	Dr Amel Alfulaij, GP
54	Manchester Foundation Trust	Dr Paddy McMaster, Consultant in Paediatric Infectious Disease
55	Dean, Faculty of Travel Medicine, Royal College of Physicians & Surgeons of Glasgow	Dr Sam Allen, Consultant in Infectious Disease & Tropical Medicine
56	Imperial College London	Dr Samuel Channon-Wells, Clinical PhD Fellow in Paediatric Infectious Diseases, Paediatric ST2
57	London School of Hygiene and Tropical Medicine, University College London.	Dr Clare Warrell, Consultant in Tropical Medicine, Infectious Diseases & Acute Medicine.
58	University College London Hospital, Find & Treat	Carmen Sumadiwiria, Clinical Nurse Specialist - Inclusion Health
59	Royal Free London NHS Foundation Trust	Dr Ian Cropley. Consultant in Infectious Diseases and HIV
60	St George's University Hospitals NHS Foundation Trust	Dr Simon Drysdale, Consultant in Paediatric Infectious Diseases
61	University of Birmingham	Dr Semira Manaseki-Holland, Reader and Honorary Consultant in Public Health,
62	Great Ormond Street Hospital, London	Dr Andrew McArdle, Paediatric Infectious Diseases and Immunology Registrar
63	Public Health Wales	Dr. Lorcan O'Connell Infectious Diseases and Microbiology Registrar

64	Royal Free London NHS Foundation Trust	Dr Karen Job, Consultant Paediatrician
65	University Hospital Bristol and Weston	Dr Jane Metz Paediatric Infectious Diseases and Immunology Registrar
66	University of Oxford	Dr Matilda Hill, Paediatric Registrar
67	University Hospitals Birmingham	Dr Martin Dedicoat, Infectious Diseases Consultant

ⁱ MSF Briefing Paper; [Bridging the Gaps—The Neglected Pandemics: HIV/AIDS, Tuberculosis, and Malaria](#); Sept 2022
[Countries must re-engage on HIV, TB and malaria | MSF](#)

ⁱⁱ Policy paper; The UK government’s strategy for international development; Published 16 May 2022
<https://www.gov.uk/government/publications/uk-governments-strategy-for-international-development/the-uk-governments-strategy-for-international-development>

ⁱⁱⁱ Miriam Lewis Sabin; [Global Fund secures \\$14.3 billion from donors](#); The Lancet; VOLUME 400, ISSUE 10358, P1091-1092, OCTOBER 01, 2022

^{iv} Global Fund; [Seventh Replenishment Investment Case: Fight For What Counts](#); [Seventh Replenishment Investment Case - The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

^v ICAI ; [Information note: The UK’s work with the Global Fund](#); Published: 20 Sep 2022
<https://icai.independent.gov.uk/review/the-uks-work-with-the-global-fund/information-note/>