*Op-ed*

**How the upcoming Global Fund replenishment decides who will be saved in the face of the HIV, TB and malaria pandemics, and why the pledges on September 21 matter.**

Imagine you are a person infected with HIV. Imagine you have been in very poor health for many months but ever since you are on antiretroviral treatment you have regained a normal, healthy live, without risk to transmit the virus to your partner or children. As long as you take your pills every day, you live a normal life in terms of work, love and children.

Now imagine Covid-19 arriving. The pandemic makes it difficult for you to continue your treatment. Your health centre is now closed, the health workers ill or absent, the supplies of medicines have become irregular. Your transport to town is suspended, movement confined during lockdown. With the last of your available pills getting closer, worries grow. You might take a pill every two days, maybe you borrow some pills from other patients, maybe you pay very expensive pills on the market, but in the end, you might have to interrupt your treatment.

Your treatment might become available again eventually, but it takes time for the health system to get things sorted. Meanwhile, the virus has started to circulate again in your body, attacking your immunity. You’re again at risk of infecting others. But your health centre hasn’t got the tests to detect this, nor the drugs to treat your tuberculosis or other opportunistic infection rapidly enough.

If you live in a low-resource context, your health and your life will depend on international donors and in particular the Global Fund for HIV, Tuberculosis and Malaria. In many countries, the Global Fund is the main and often the only financial source for prevention and treatment for people facing these three diseases.

On 21 September, countries are expected to announce their pledge to replenish the Global Fund. The Global Fund and the technical agencies calculated that minimum 18 billion US$ is needed for three years (2024-2026), implying a 30% increase of pledges. Reaching this target will determine to a great extent what can be done in the fight against HIV, TB and malaria. It will also determine in how far it will be possible to mitigate and to catch up from the losses caused by the Covid-19 crisis. Who can re-start his/her treatment before AIDS, TB and death win the race? What losses can be regained, and which ones will confirm standstill or backsliding?

Many donor countries are slow to pledge and many fail to go beyond flatlining their pledge of three or six years ago, which in practice corresponds to reduced pledges.

The hesitation of donor countries makes it unsure if even the minimum target of the Global Fund replenishment of 18 billion US$ will be reached. Positive announcements have come from the USA, Japan and Germany, but pledges from many other high-income countries are still missing. But the USA conditions their contribution to one third of the total amount, meaning that if other countries fall short of the requested 30% increase, the USA will also reduce its current 6 billion pledge. A shortfall carries thus a double whammy risk – or a double responsibility if you want.

In the global discourse on pandemic preparedness and response, the focus lies mostly on future outbreaks of emerging diseases with risks to high-income countries. Little attention goes to people’s needs due to ongoing pandemics like HIV, TB and malaria. If the GF’s replenishment falls short, it’s very hard to take the current claims about pandemic awareness seriously.

Imagine if the Global Fund would be broke. Imagine what will happen if donors do not pledge according to the needs to the Global Fund. Imagine your country fails to pay the expected donor contribution to the GF, breaking the promise of worldwide solidarity to fight HIV, TB and malaria.

MSF teams don’t need to imagine. In several countries they already see the consequences of funding shortfalls. They describe what gaps in essential care exist today and what impossible dilemmas are created: who should be short-changed or what services need to be rationed? MSF has published a briefing paper to explain how these shortfalls in funding for sufficient HIV and TB tests block the timely start of treatment, how health providers cannot provide care according to the quality standard, how patients are excluded or driven into poverty to obtain live-saving drugs, how essential malaria interventions had to be cancelled.

Imagine.