

April 20, 2005

Re: Fix the Global Fund Now!

To: Board Members of the Global Fund the Fight AIDS, Tuberculosis and Malaria  
and Secretariat Leadership, the Global Fund the Fight AIDS, Tuberculosis and Malaria

We, the undersigned, represent organizations that are advocating urgently for HIV treatment scale up in developing countries around the world. We also represent organizations that have led efforts to secure full funding for the Global Fund from donor countries, and we support a fully funded Global Fund. We request that you use the 10<sup>th</sup> Board Meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria, April 21-22 in Geneva, to address an ongoing crisis that is undermining treatment scale up efforts and that is undermining the legitimacy of the Global Fund.

Significant, avoidable delays in the implementation of Global Fund financed HIV treatment programs have meant that people are dying unnecessarily, while millions of dollars are not being spent saving lives—money that has been committed is sitting, unspent, either in the banks of Principal Recipients (PRs) or in the banks of the Global Fund trustee.

For example in India, a country with one of the largest HIV epidemics in the world, despite Global Fund 2-year commitments for HIV alone totaling \$51,946,000 and approximately \$5,543,000 already disbursed, no Global Fund money has been spent on antiretroviral treatment. This is unacceptable. In Guatemala, a Round 3 Global Fund grant including a treatment scale-up component still has not purchased a single antiretroviral, although \$1,532,478 of the 2-year, \$8,423,807 budget has already been disbursed. In Nicaragua as of December 2004 only \$1,639,136 has been disbursed for that Round 2 HIV grant, approved in January 2003. Based on available estimates, that disbursed money has resulted in only 75 HIV positive people with access to treatment.

Other countries are experiencing similar situations. The Global Fund was created in large part because of global public outcry that millions were dying without access to HIV treatment. But in many countries the Global Fund has done little to fast-track and prioritize HIV treatment access.

There are various reasons for disbursement delays. In some cases, they are related to ineffective in-country bureaucracies and corruption, coupled with a lack of commitment to treatment scale up and a disregard for the lives of people with HIV. In other cases, policies of the Secretariat and/or the Global Fund Board have resulted in or contributed to these delays, in part by creating multiple entities with insufficient mechanisms for transparency, accountability, and coordination between them.

The Global Fund does not implement grants. But without a focus on solving problems that are blocking grant implementation by taking proactive steps in countries, delays will continue, people will die unnecessarily, and the Global Fund's results will suffer. Identifying and fixing the problems that have led to significant, life-threatening disbursement delays must become an immediate priority for the Global Fund Secretariat, its Board, and the technical experts and agencies that work with the Global Fund.

We recommend that the Global Fund and its supporters to take the following urgent next steps:

**1. Immediately implement the overdue early-warning system and begin reporting publicly about disbursement problems.**

Richard Feachem, in his report to the 9<sup>th</sup> Board Meeting, stated that an early warning system, announced in June 2004, would be operational by early 2005. The Secretariat has failed to meet this deadline. A public, transparent early warning system meant to trigger increased attention from the Secretariat and others to grants before insurmountable problems develop is critical. It still is not in place, almost one year after the initial announcement. The Secretariat must prioritize implementation of this long overdue system, and address problem grants as emergencies, with the active engagement of grassroots networks of people living with HIV, technical partners and other allies.

**The Secretariat should be reporting regularly** about grants that are progressing slowly with a diagnosis of possible causes for lack of progress, information about what steps are being taken to address the problems, and who is taking those steps. This information is vital to civil society groups who are working in their countries for the appropriate and accountable disbursement of Global Fund money, and have limited or no access to this information. Furthermore, the Global Fund must act on its Board-mandated obligation to facilitate the provision of technical assistance and support in a “timely and coordinated fashion” and should report in detail to the Board regarding these efforts.

**2. Take early action in response to sub-standard Principal Recipients (PRs).** Preliminary analysis shows that civil society PRs implement Global Fund grants faster than government PRs. When PRs are slow in disbursing funds for treatment scale up, they should be immediately linked with technical experts that can help build and strengthen their capacity to disburse funds. They should be penalized if they continue to disburse funds slowly; non-disbursement of funds should trigger a change in PR. The Global Fund should develop requirements for the addition of a civil society PR to be “twinned” to non-civil society PRs that have been identified by the Global Fund to be at risk of poor performance.

Likewise, the failing Local Fund Agent (LFA) system must be overhauled, and replaced with entities that move rapidly, and have the expertise and competence in capacity assessment, program monitoring, technical assistance facilitation, and procurement supply management (PSM) that LFAs so sorely lack. Current LFAs have capacity in accounting, rather than these core health care, policy, development and support capabilities, and their poor performance is hindering grant implementation.

**3. Dedicate a proportion of qualified Global Fund operations staff for time-limited placements in key countries in their portfolios,** to anticipate and facilitate the resolution of significant problems. This is particularly important in large countries, and in countries with major treatment scale up challenges and a track record of poor performance in key indicators, such as community mobilization necessary for successful HIV treatment program implementation.

In cooperation with people with HIV, technical partners, and other experts, the Global Fund should also facilitate and support collaboration between grant recipients through in developing and sharing best practices for anticipating and overcoming common problems faced by Global Fund grantees that waste precious time, such as in the development of Global Fund Procurement Supply Management (PSM) plans.

**4. Correct for the small amount of requests for funding for antiretroviral treatment through the Phase 2 renewal process.** Many HIV grants awarded in rounds 1-3 do not contain substantive treatment scale up components, as a result of lack of technical assistance during the time of grant request preparation, lack of government support for treatment scale up, pressure in CCMs not to prioritize treatment scale up, or other factors. Such Global Fund grants are not meeting evolving needs in country and should be evaluated during the Phase 2 renewal process for appropriate grant reprogramming to include fast-tracked treatment scale up projects.

**5. Commission a study to measure the quality of existing Global Fund financed treatment projects and report back to the 11<sup>th</sup> Board Meeting.** Global Fund financed HIV treatment projects that require or appear to require “user fees” are already dissuading the poorest and those most in need from gaining access to care. HIV treatment and care, including diagnostic and monitoring tests associated with treatment, should be the free at point of service as a matter of best practice. The Global Fund must see that these and other fundamental implementation issues are addressed, in order to ensure that clinical outcomes are as good as possible, and treatment reaches as many people as possible.

The Global Fund claims that, as a country-driven process and as a funding mechanism that is not an implementing agency, the Global Fund does not have the mandate to address these problems. This is untrue. The Global Fund must do more to ensure that avoidable problems are anticipated and addressed so money can be spent as quickly as possible, and lives saved.

According to the Secretariat’s own accounts, HIV/AIDS grants have been more difficult to implement than other grants. We are demanding action and leadership in response to our grave concern; our lives and the health of our communities is at stake—along with the life of the Global Fund. The Global Fund will fail if it continues to ignore the obstacles that are contributing to avoidable, and lethal, delays in treatment scale up.

Sincerely,

ACT UP East Bay, USA  
ACT UP New York, USA  
ACT UP Philadelphia, USA  
Act Up-Paris, France  
Action Against AIDS Germany  
ActionAid International, UK  
Affordable Medicines & Treatment Campaign, India  
Africa Action, USA  
Africa Alive!, Zambia  
African Jesuit AIDS Network (AJAN), Kenya  
AGIHAS (PWA Support group), Laticia  
Agua Buena Human Rights Association, Costa Rica  
Aid for AIDS International, USA  
AIDS Action Baltimore, USA  
AIDS and Rights Alliance for Southern Africa, Namibia  
AIDS Care Trust of Namibia  
AIDS Empowerment & Treatment International (AIDSETI), USA  
AIDS Healthcare Foundation, USA  
AIDS InfoNet, USA

AIDS Law Unit, Namibia  
AIDS Prevetion & Education Society  
AIDS Survival Project, USA  
Alianza Solidaria para la Lucha Contra el VIH/SIDA (ASOLSIDA)  
All-Ukrainian Network of People Living with HIV/AIDS, Ukrain  
AMAL Human Development Network, Pakistan  
American Jewish World Service (AJWS), USA  
Asociacion Benghalensis, Argentina  
Asociación Costarricense de Personas que Viven con VIH/SIDA, Costa Rica  
Asociación de Organizaciones no Gubernamentales que trabajan en Salud (ASONGS), Bolivia  
Asociacion de personas con VIH-SIDA "Vida Nueva," El Salvador  
Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP), Panama  
ASONVIHSIDA, Nicaragua  
ASOSIACION NICARAGUENSE DE PERSONAS POSITIVAS LUCHANDO POR LA VIDA, Nicaragua  
Associação Brasileira Interdisciplinar de AIDS, Brazil  
Association Nationale de soutien aux Séropositifs et Sidéens du Burundi (ANSS), Burundi  
AVE de Mèxico  
Bali Network of People Living with HIV/AIDS  
Bali+ Support Group  
Blue Diamond Society, Nepal  
Bread for the World, Germany  
Cambodia People living with HIV/AIDS Network (CPN+), Cambodia  
Canadian HIV/AIDS Legal Network, Canada  
Center for Health and Gender Equity (CHANGE), USA  
Centro de Mujer Acahualt, Nicaragua  
CENTRO DE PROMOCION Y SOLIDARIDAD HUMANA, Dominican Republic  
Cicatelli Associates, USA  
Coalición Internacional de Activistas en Tratamientos (CIAT) Latinoamérica  
Comite Dominicano de los Derechos Humanos, Dominican Republic  
Community HIV/AIDS Mobilization Project (CHAMP), USA  
Consejo Latinoamericano y del Caribe de Organizaciones No Gubernamentales con Servicio en VIH/SIDA (LACCASO), Venezuela  
Coordinación Nacional Hacia el Triubnal por los DESC de las Mujeres, Perú  
Coordinadora Sida El Oro - Ecuador  
Defensa Juridica y Educacion para Mujeres (Vereda-Themis), Mexico  
Delhi Network of People Living with HIV/AIDS, India  
DEMUS Estudio para la Defensa de los Derechos de la Mujer, Perú  
DOST Welfare Foundation  
Dr. Rodrigo Simán Siri, Jefe del Programa Nacional ITS/VIH/SIDA, El Salvador  
Ecumenical Pharmaceutical Network, Kenya  
El Closet de Sor Juana, ILTGA-LAC  
El Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM), El Salvador  
El Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM), Guatemala  
El Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM), Nicaragua  
El Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM), Peru  
El Comite Dominicano de los Derechos Humanos, Dominican Republic  
ESPO Society, Estonia  
Espoir Vie Togo, Togo  
European AIDS Treatment Group, Belgium  
FORUM MERCOSUL DE ONG AIDS, Brazil  
Forum of African and Arab Parliamentarians on Population and Development, Senegal  
Fundacion Arcoiris por el respeto a la Diversidad Sexual, Mexico  
Fundacion Genesis, Dominican Republic  
Fundacion LLAVES  
Fundacion ProbidSIDA, Panama  
FUNDACION VENCER- PARAGUAY

Fundacion Vivo en Positivo, Bolivia  
FUNDASIDA El Salvador  
GAT - Grupo Português de Activistas sobre Tratamentos de VIH/SIDA, Portugal  
Gay Men's Health Crisis, USA  
Gays and Lesbians of Zimbabwe (GALZ), Zimbabwe  
Gente Unida luchando para la vida, Sur Occidente de Guatemala  
Gestos- Soropositividade, Comunicação e Gênero, Brazil  
GGS COMMUNICATION, Tanzania  
GHESKIO (Groupe Haitien d'Etude Du Sarkome de Kaposi et des infections Opportunistes ), Haiti  
GIPA Alliance, India  
Global AIDS Alliance, USA  
Global Network of People Living with HIV/AIDS (Europe)  
GlobalSIDA - acción contra el SIDA, Spain  
Graúna-Juventude, Genero, Arte e Desenvolvimento, Brazil  
GRUPO ASISTENCIAL SOS VIDA, Brazil  
Grupo de Autoapoyo "Sin Màscaras", El Oro - Ecuador  
Grupo de Ayuda Mutua "Voces Amigas," Peru  
Grupo de Prevención de SIDA (GPSIDA), Cuba  
Grupo Esperanza Positiva, Bolivia  
Harm Reduction Coalition, USA  
HEAL Project, Sri Lanka  
Health Connections International  
Health Equity Project, USA  
Health GAP, USA  
Health Rights Action Group, Uganda  
Healthpartners, Kenya  
HEPS, Uganda Access Coalition, Uganda  
HIV/AIDS Network, Philippines  
HIV-Projekt Belize, Germany  
Housing Works, USA  
Humanity for Orphans, Youth and Widows Initiatives Kenya  
ICW Latina  
ICW-Capitulo Boliviano  
Igat Hope Inc., Papua New Guinea  
Iglesia de la Comunidad Metropolitana de Nicaragua, Nicaragua  
Ikonzó Musanda Self Help Group, Kenya  
India HIV/AIDS Alliance  
Instituto para el Desarrollo Humano, Bolivia  
International AIDS Empowerment, USA  
International Community of Women Living with HIV/AIDS (ICW)  
International HIV/AIDS Alliance  
International Nepal Fellowship, Nepal  
KAIPPG International, USA  
KAIPPG Kenya, Kenya  
Kenya Treatment Access Movement (KETAM), Kenya  
Latino Commission on AIDS, USA  
Lawyers Collective HIV/AIDS Unit, India  
Le Centre de Réflexions et d'Actions pour le Développement Intégré et la Solidarité (CeRADIS), Benin  
Lega Italiana per la Lotta contro l'AIDS  
Lifelong AIDS Alliance, USA  
LIGA Bonaerense de Diversidad Sexual, Argentina  
Mano a Mano, USA  
MEXSIDA: Comité Técnico de Observación y Vigilancia Ciudadana  
Middle East Children's Alliance, USA  
MOM Sunshine, Cameroon

Movimento Gay de Minas, Juiz de Fora/MG, Brazil  
Names Project Philippines  
NAPWA, Australia  
National Association of PLWHA, Nepal  
National Coordination of People Living with HIV/AIDS, Peru  
National Forum of People Living with HIV/AIDS Networks, Uganda  
National Union of the Organization of HIV/AIDS Affected People (UNOPA), Romania  
Network of African People Living with HIV/AIDS (NAP+), Kenya  
New Mexico Poz Coalition, USA  
Nuestros Pequeños Hermanos Honduras  
Osservatorio Italiano sull'Azione Globale contro l'AIDS, Italy  
Persia+, Iran  
Pinoy Plus Association, Inc., Philippines  
Planned Parenthood Federation of America, USA  
Positive Action Foundation Philippines  
Positive Malaysian Treatment Access Advocacy Group (MTAAG+), Malaysia  
Prevention Information et Lutte contre le Sida (PILS), Mauritius  
ProGay Philippines, Philippines  
PROMESA (Promoción y Mejoramiento de la Salud), Paraguay  
Proyecto Vida, Comisión Nacional de Pastoral de Salud, Guatemala  
Public Personalities Against Aids Trust, Zimbabwe  
Red Centroamericana de Personas Viviendo con VIH/SIDA en Centroamérica (REDCA+)  
Red de Defensores, Promotores y Voluntarios en Derechos Humanos y VIH/SIDA, Honduras  
Red Nacional de Pvs de Bolivia (Red Bol+), Bolivia  
Red Nacional de Personas que viven con el VIH/SIDA, Guatemala  
Red Sur Occidente de Guatemala, Guatemala  
REDSIDAzuay, Ecuador  
REDVIHDA+, Bolivia  
Remedios AIDAS Foundation, Philippines  
Réseau Accès aux Médicament Essentiel (RAME), Burkina Faso  
RESULTS, Canada  
Reverend Spencer Mngongonda, Malawi  
Search for a Cure, USA  
Secretariado Nacional de Red Bol-Bolivia  
Social and Human Development Consultative Group, India  
Solidarity and Action Against the HIV Infection in India (SAATHII), India  
Southern African HIV and AIDS Information Dissemination Service (SAfAIDS)  
Southern African Network of AIDS Service Organizations (SANASO)  
STE, Honduras  
Student Global AIDS Campaign, USA  
Tanzania NGOs Alliance Against Malaria (TaNAAM), Tanzania  
Thai Treatment Action Group, Thailand  
The Centre, Zimbabwe  
The Companion, Nigeria  
The River Fund, USA  
The Shepherd's Hospice, Sierra Leone  
Transparency and Accountability, USA  
Tuyakula (Help us Help Ourselves), Namibia  
Union Aid Abroad, APHEDA, Australia  
Walvis Bay Multi-Purpose Centre, Namibia  
Youth Empowered to Succeed (YES), Kenya  
Zimbabwe Activists on HIV/AIDS (ZAHA), Zimbabwe