GLOBAL FUND OBSERVER (GFO) NEWSLETTER
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NEWS: Decisions at the October Board Meeting
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The Global Fund board meeting in Thailand from October 15-17 focused on how best to raise and disburse funds in a time of scarce resources. Highlights of the meeting were as follows. (The words used

are GFO's own summary of what was decided. Additional interpretive comments by GFO are provided in square brackets.)

- The board approved 71 Round 3 grants that will cost $623 million over the first two years. [As reported in GFO Issues 13 and 14, in which further information regarding these grants was provided, the cost of the approved grants was significantly less than was originally projected by the Fund, and was 30% less than in Round 2.]

- In years of scarce resources, the first use of funds will go to covering the costs of Years 3-5 of grants that are coming to the end of their second year. Funding of new rounds will take second place.

- The Call for Proposals for Round 4 will be issued, with updated guidelines, on 10 January 2004. Completed applications must be submitted by 2 April. The TRP will meet in May, and approvals will be made by the board on 28-30 June. [It appears likely that Round 4 will be the only Round in 2004, and it is far from certain that there will be a Round 5 in 2005, because first priority that year will go to renewing Round 1 and 2 grants, which might well use up all the available funds. These facts have major implications for those interested in applying to the Fund any time before 2006.]

- Countries classified as "Upper-Middle Income" by the World Bank are only eligible to apply in Round 4 if they face a very high current disease burden. [The only upper-middle income countries meeting the Fund's disease burden criteria are Botswana (for HIV, TB and malaria), and Gabon (for malaria).]

- Countries eligible to apply in Round 4 are: Afghanistan; Albania*; Algeria*; Angola; Armenia*; Azerbaijan; Bangladesh; Belarus*; Benin; Bhutan; Bolivia*; Bosnia and Herzegovina*; Botswana*; Brazil*; Bulgaria*; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde*; Central African Republic; Chad; China*; Colombia*; Comoros; Congo (Dem. Rep.); Congo (Rep.); Cote d'Ivoire; Cuba*; Djibouti*; Dominican Republic*; East Timor; Ecuador*; Egypt*; El Salvador*; Equatorial Guinea; Eritrea; Ethiopia; Fiji*; Gabon [malaria only]*; Gambia; Georgia; Ghana; Guatemala*; Guinea; Guinea-Bissau; Guyana*; Haiti; Honduras*; India; Indonesia; Iran*; Iraq*; Jamaica*; Jordan*; Kazakhstan*; Kenya; Kiribati*; Korea (Dem. Rep.); Kyrgyzstan; Lao People's Democratic Republic; Lesotho; Liberia; Macedonia*; Madagascar; Malawi; Maldives*; Mali; Marshall Islands*; Mauritania; Micronesia*; Moldova; Mongolia; Morocco*; Mozambique; Myanmar; Namibia*; Nepal; Nicaragua; Niger; Nigeria; Pakistan; Papua New Guinea; Paraguay*; Peru*; Philippines*; Romania*; Russian Federation*; Rwanda; Saint Vincent and the Grenadines*; Samoa*; Sao Tome and Principe; Senegal; Serbia and Montenegro*; Sierra Leone; Solomon Islands; Somalia; South Africa*; Sri Lanka*; Sudan; Suriname*; Swaziland*; Syrian Arab Republic*; Tajikistan; Tanzania; Thailand*; Togo; Tonga*; Tunisia*; Turkey*; Turkmenistan*; Uganda; Ukraine*; Uzbekistan; Vanuatu*; Vietnam; West Bank and Gaza*; Yemen; Zambia; Zimbabwe. Countries marked with * must meet additional requirements, including co-financing, focusing on poor or vulnerable populations, and moving over time towards greater reliance on domestic resources. [For details on all approved and rejected applications in Rounds 1, 2 and 3, see www.aidspan.org/globalfund/grants.]

- There will be a minimum of one new Round per calendar year. [However, the word "minimum" does not have much meaning here, because it was acknowledged that this number can be reduced to zero if insufficient funds are available.]

- A board committee will examine whether there is a conflict of interest when the Chair of a CCM [e.g. a Minister of Health] also represents or controls the Principal Recipient [e.g. a department within the MOH]. [This possible conflict arises because the CCM is responsible, in part, for evaluating the quality of the work being done by the PR.]

- A board committee will also examine whether or not CCM applications to the Fund should be accepted when the CCM does not have proper representation from civil society or from communities affected by the three diseases.

- Two board committees will examine the issue of non-CCM proposals that have been approved by the Board despite possibly not meeting the Fund's criteria for such proposals, and will also examine the applicability of these criteria in future Rounds. [Some board members felt that non-CCM applications should be acceptable when a CCM declines to deal effectively with certain issues such as HIV transmission among and from injecting drug users, or when the CCM is in a "difficult" country with minimal democracy, or when NGOs are doing effective work with marginalized populations in upper middle-income countries that are currently ineligible for Global Fund grants.]

- The provision of money to the Global Fund by government donors will continue to be voluntary rather than obligatory. However, rather than government donors making pledges whenever they feel inclined, as has been the case thus far, there will be a periodic meeting at which donor governments will agree what they will give. [A decision has yet to be made about whether these meetings will be every one, two or three years. This cycle will not affect contributions from donors other than governments. There was informal talk suggesting that the board might at some point consider obligatory, or "burden-shared" donations, but it's clear that donor governments are not yet ready for this.]

- Government donors are asked to specify before the end of 2003 how much they will give to the Fund during 2004.

- The Board's Resource Mobilization and Communications Committee will urgently develop a resource mobilization strategy, and the Secretariat will develop a workplan to implement that strategy. Outside experts will be called upon to advise and assist regarding both design and implementation. The Committee will report, one month before each board meeting, on progress in implementing the strategy. [This resolution was proposed by the Developed Countries NGO delegation after there had been many complaints about the lack of a clear resource mobilization strategy. The Resource Mobilization Committee, which has been largely dormant, was in effect challenged to do much better, and to acknowledge its need for outside help.]

- The Fund's Partnership Forum will be held in Bangkok on 7-8 July 2004, just before the IAS AIDS conference takes place in the same city. [The Partnership Forum will be an event at which numerous observers of the Fund, particularly those representing civil society, will have an opportunity to provide feedback regarding the Fund's role and operations.]

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NEWS: Short Items
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- In Round 3, only six of the 71 approved proposals were from NGOs and other non-CCM entities. One of these was from an international NGO operating in a war situation in Cote d'Ivoire where the CCM and domestic NGOs found it extremely difficult to be effective. One was from an NGO in Thailand working with Injecting Drug Users (IDUs); the NGO made a case that the government and the CCM were resistant to conducting harm-reduction programs with IDUs. One was from a group of NGOs in Russia that submitted an HIV proposal because the CCM was engaged in extensive in-fighting and did not appear capable of submitting its own proposal. (Eventually the CCM did submit a proposal, but it was rejected.) One was from a Sub-CCM in Russia facing a similar problem. And two were from regional organizations representing multiple Caribbean nations. For details, see www.aidspan.org/globalfund/grants

- A few new pledges, all small, were received by the Fund between 26 September and 11 November. Details are as follows:

  – Total pledges have changed from $4,616 m. to $4,784 m., an increase of $168 m.
  – Most of the increases result from exchange rate fluctuations.
  – Barbados has pledged $100,000.
  – The European Commission has moved €170 m. ($200 m.) in pledges from 2003-6 to 2004.
  – Germany has increased its pledge by $6 million.
  – Iceland has pledged $200,000.
  – Mexico has pledged $100,000.
  – Norway has increased its pledge by $18 m.
  – South Africa's Treatment Access Campaign has pledged $10,000.

  For further details, see www.theglobalfund.org/en/funds_raised/mobilization

- Several NGO positions are available on the Board of the Global Fund. The board has three NGO delegations (representing Developing Country NGOs, Developed Country NGOs, and Communities of People Living with the Diseases). Each delegation is led by a Board Member, an Alternate, and a Focal Point. The positions which are open are:

  – Developing Country NGO: Board Member: 2 year term (2004/2005)
  – Developing Country NGO: Alternate: 1 year term (2004)
  – Developed Country NGO: Alternate: 2 year term (2004/2005)
  – Communities Living with the Diseases: Board Member: 2 year term (2004/2005)

  A detailed description of the positions available and the application procedure is available at www.icaso.org/icaso/gfatm/GlobalFund_Oct03_Nomination.pdf.

  The deadline for applications is November 30, 2003.

- According to an analysis by the Fund, the number of people who will receive treatment with antiretroviral drugs as a result of implementing Round 3 grants is less than with Rounds 1 and 2. The number to be treated by the end of Year 5 will be 232,000 via Round 1 grants, 284,000 via Round 2 grants, and 176,000 via Round 3 grants. This suggests that at a time when WHO is increasing its emphasis on treating 3 million people by 2005, Fund applicants are not yet increasing their emphasis on treatment.

- Speaking in late October at the Brookings Institution in Washington DC, the Fund's Executive Director Richard Feachem said that the remorseless advance of HIV/AIDS has reversed his lifelong effort not to become a "health activist." "I have never seen anything intrinsic about health that makes it more important than anything else in development," he said, according to a UN Wire report. "I always say, if you have another development dollar, educate a girl, and definitely don't give it to a doctor. But along comes AIDS, and AIDS is: the house is burning down. And all the previous fire plans, the structural renovations, the redecorating the living room – all the things we do to our development house – don't matter," he said. "The house is burning down."

- The Global Fund is seeking a Chief Administrative Officer, taking the place of the Chief Operating Officer, who is leaving. The position will shortly be advertised at www.theglobalfund.org/en/jobs.

- In Canada, things have moved steadily (though not as rapidly as was originally anticipated) regarding the issuing of a compulsory license permitting Canadian generic companies to produce patent-protected drugs at cost price for export to poor countries heavily impacted by diseases such as HIV/AIDS. As of 30 August 2003, this has been permitted under a World Trade Organization (WTO) agreement, and Canada is the first country to make moves to put it into effect. Statements of support have been made by Canada's outgoing and incoming premiers,

and by the main opposition parties. Even the US and the major pharmaceutical companies have indicated that they will not oppose the move, at least publicly. However, it is expected to take several months to get the legislative changes approved. Some other drug-producing countries such as China (and unlike Canada) already have legislation in place that would permit them to issue compulsory licenses; thus, it might be that the first compulsory license for export will come from a country other than Canada.

- The foundation run by former President Bill Clinton has announced that four generic drug companies (Cipla, Ranbaxy and Matrix in India, and Aspen in South Africa) will produce "take-two-per-day" combination pills of antiretroviral drugs for under $140 per patient per year, based on guaranteed high volumes to be shipped to nine countries in the Caribbean, plus Mozambique, Rwanda, South Africa and Tanzania. One combination will be d4T, 3TC and NVP; the other will be AZT, 3TC and NVP. The prices will be as low as half of the previous best available price. Every such price reduction means that treatment-related Global Fund grants can go further. If prices could be brought down to $99 per patient year, and if these prices could be made available in all poor countries, the cost of first line drugs to implement WHO's "3 million people by 2005" target would be only $300 million annually – permitting funders to concentrate primarily on more complex components of care and treatment.

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NEWS: Forthcoming Guides for Global Fund Applicants
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Aidspan, publisher of Global Fund Observer, plans to publish four guides for Global Fund applicants and recipients, as follows:

- **"A Guide to Applying to the Global Fund"**

  This Guide will go beyond the application guidelines provided by the Global Fund. It will discuss factors that lie behind some of the questions asked in the application form, and will distill conclusions that can be drawn from a detailed analysis of the successful proposals that were submitted to the Fund in Rounds 1 through 3 (all of which are available at www.aidspan.org/globalfund/grants and www.theglobalfund.org). It will be based on the premise that there is no single "correct" way of completing the application form. The applicant must clearly describe its plan to tackle HIV, TB or malaria, and must make a convincing case that the plan is viable, is capable of delivering the anticipated results, and is something that the applicant is committed to implementing.

- **"A Guide to Obtaining Global-Fund-Related Technical Assistance"**

  This Guide will consist primarily of a directory of organizations, of all types and sizes, that have provided technical assistance (TA) to applicants to the Global Fund and/or that are available to do so in the future. It will be based on a survey to be conducted by Aidspan during late November and early December.

  Important note: Any person who represents a TA-provider that should feature in this survey, or who is in contact with such an organization, is requested to send an email to TA@aidspan.org with the Subject line "Survey". Anyone sending such an email, and any other people they name in their email, will be sent a copy of the survey form together with instructions and background information. The survey form will also be placed at www.aidspan.org/survey, from where it can be downloaded. Survey forms, which will be provided in several languages, must be returned by mid-December. Organizations that do not complete the survey form will not be listed in the Guide.

- **"A Guide to Starting Implementation of a Global Fund Grant"**

  Between grant approval and first cash disbursement, all recipients of Global Fund grants face similar challenges. They have to answer the TRP's questions; they have to negotiate a grant agreement with the Fund; they have to develop a staffing plan, a procurement plan, and a workplan; and they have to negotiate agreements between Principal Recipient and sub-recipients. This Guide will focus on these initial steps.

- **"A Guide to Building and Running an Effective CCM"**

  This Guide will be based upon various case studies that organizations other than Aidspan have conducted regarding CCM operations. It will present a list of issues that need to be addressed by most CCMs, and for each such issue it will list some of the actions that the CCM could take. (As such, the Guide will seek to be of value both to CCM members and to observers who would like their local CCM to be more effective.) Issues covered will include choosing a Chair and Vice Chair; determining whether to accept a request by a new organization to join the CCM; deciding what information about the CCM's workings to make publicly available; providing oversight over the work of the Principal Recipient; and finding a balance between being large enough to be representative and small enough to be nimble.

It is hoped that the first two Guides above will be available in January, the month in which Round 4 will be launched.

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OVERVIEW: Progress Report from the Fund
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The Global Fund has just released an updated Progress Report (dated 10 November) that provides a useful overview of the Fund and its operations. This document is available, with other Global Fund fact sheets and publications, at www.theglobalfund.org/en/about/publications. The text of the Progress Report is as follows:

Progress Report – November 2003

Since its inception in January 2002, the Global Fund quickly designed and implemented systems for the technical review of grant proposals, efficient fund disbursement and the monitoring and evaluation of program performance and financial accountability. In December, the first grant agreement was signed and disbursement made. Now in 2003, agreements are being signed regularly; money is out the door and being used on the ground to save lives. As more public and private recipients receive initial funds and request further disbursements, this modest start will be succeeded by a significant global expansion in the coverage of proven interventions to prevent and treat AIDS, tuberculosis and malaria.

Overview of grants:

- Approvals total US$ 2.1 billion over two years to 224 programs in 121 countries and 3 territories, following the review of three proposal rounds, in April 2002, January and October 2003

- Disbursements currently total US$ 155 million following agreements in 80% of countries with grants, with the first Round 2 agreement signed less than three months after its approval

- Results include lives saved through people on antiretrovirals in Haiti, Honduras and Rwanda (where 75% of healthcare workers are receiving training); DOTS TB training and treatment expansion in China, Indonesia & Mongolia; and bed net distribution in Tanzania and Sri Lanka

Progress on principles:

- Improved transparency through website posting of approved proposals and grant agreements, and future availability of progress updates, Country Coordinating Mechanism (CCM) membership and critiques of the Fund

- Greater accountability with renewal of Technical Review Panel (TRP), global competitive tender to select locally based Local Fund Agents (LFAs) for grant oversight and posting of disbursement requests reporting expenditure & results

- Broader local partnership with non-government representatives constituting 63% membership of CCMs submitting in Round 3 and 69% of CCMs including faith-based organizations

- Deeper partner engagement as bilaterals, e.g. GTZ, NORAD & CIDA, make grants to support country processes, and multilaterals facilitate regional workshops to share local best practices

- Harmonization with country processes including multi-donor basket funding in Zambia, linkage to World Bank MAP in Malawi and building on poverty reduction strategies in Ghana

- Increased private contributions from foundations to support country programs and from pharmaceutical companies to expand eligibility for price discounts on essential medicines

Distribution of grants over three rounds: 100% = US$ 2.1 billion over two years:

- By region
  - 60% Africa
  - 20% Asia, Middle East & North Africa
  - 20% Latin America, Caribbean and Eastern Europe

- By disease
  - 60% HIV/AIDS
  - 23% Malaria

- By expenditure
  - 46% Drugs & commodities
  - 25% Human resources
  - 15% Physical infrastructure
  - 5% Monitoring/evaluation
  - 4% Administration
  - 5% Other

- By country income
  - 66% Low income
  - 30% Lower middle income
  - 4% Upper middle income

- By recipient (Rounds 2&3 only)
  - 50% Government
  - 29% Non-governmental orgs and community based orgs
  - 5% Private sector
  - 4% Faith-based orgs
  - 3% Academic institutions
  - 3% Affected communities
  - 6% Other

Expected outcomes for Rounds 1, 2 and 3 after five years:

- More than 700,000 people on antiretrovirals, tripling current coverage in developing countries
- 35 million clients reached with HIV voluntary counseling & testing services for prevention
- Over 1 million orphans supported through medical services, education and community care
- Nearly 3 million additional tuberculosis cases treated with DOTS successfully after diagnosis
- Tripling of treatment of multi-drug resistant TB globally, with over 8,000 new treatments
- 22 million combination drug treatments for resistant malaria delivered
- 64 million bed nets will be financed to protect African families from transmission of malaria

Projected disbursement of grants for Rounds 1, 2 and 3:

- Commitments follow Board approvals and represent liabilities whereby the Fund obligates amounts for two years of grant financing according to the terms of a signed agreement
- Disbursements are typically made quarterly and will always lag behind commitments for two years of finance, particularly if new rounds continue to be approved
- Initial disbursements are usually small as recipients increase program capacity and prepare procurement plans to trigger disbursements for the purchase of medicines
- Disbursement volume will increase on the basis of requests from recipients, with the goal of minimizing administrative burden and the time from request to disbursement

Projected resource needs for 2003 and 2004:

- Through 2004, US$ 2.9 billion is pledged to the Global Fund, with an additional US$ 1.9 billion pledged for 2005 to 2008, or for an unspecified period
- The overall financing need through 2004 is projected at around US$ 3.3 billion
- Projections of needs are revised regularly based on actual proposal receipts and approvals; in 2005, needs will include new proposals plus US$ 1.6 billion for the renewal of existing rounds
- The Fund, including its Chair, is making progress in resource mobilization, with US$ 1.3 billion in new public pledges since the G8 Summit and ongoing talks with potential private donors.

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COMMENTARY: Letter from China
by Bernard Rivers
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Beijing, November 2003.

Until recently, there was little evidence that the government of China was serious about AIDS, despite its own forecast that today's one million people with HIV could reach at least 10 million by 2010. However, the Ministry of Health now appears willing to take some hesitant steps forward – although there is as yet little evidence that other ministries, or local government outside Beijing, are ready to act decisively.

The first signs of a change in spirit by the Ministry of Health came with China's Round 3 proposal to the Global Fund. (See www.aidspan.org/globalfund/grants/round3/data-china.htm) The CCM proposed a program costing $98 million over 5 years to provide care and treatment for 40,000 "former plasma donors" in rural provinces. In the mid-1990s, these people supplemented meager incomes by repeatedly selling plasma at blood collection points which, it turned out, were practicing unsafe procedures, causing the blood sellers to become HIV-infected.

These people have been treated shamelessly. Local officials who profited from the plasma-selling operations took far too long to bring them to an end. Many of these officials remain in office to this day, sometimes promoting police crackdowns on HIV-infected villagers who protest at their dire plight. The central government wrings its hands and says that health and police activities have been delegated to local authorities and cannot be controlled from Beijing.

The government has at last led an initiative by the CCM to obtain Global Fund support for the provision of treatment to former plasma donors. The proposal was approved by the Fund's board last month.

Prominently placed on the first page of the proposal was a statement that "the Ministry of Health is currently evaluating the potential financial and other consequences of providing universal free HIV/AIDS treatment to all those in China who cannot afford it." Then on September 22, speaking at the UN, China's acting Minister of Health, Gao Qiang, stated that the government has decided that it will indeed provide free treatment to all rural HIV/AIDS patients and poor urban patients.

This promise was repeated at several AIDS-related events in Beijing during early November. There was, on the one hand, an impressive spirit of openness. But on the other hand, there was little discussion by government officials of the enormous hurdles that have to be surmounted if the government's desire to tackle HIV/AIDS is to be successful. As one speaker pointed out, the Ministry of Health – which has low status among government ministries – could not do all that is needed even if it tried to. Success will only occur if the desire for action moves *up* from the Ministry of Health to the nation's top leadership; moves *down* from the MOH to autonomous provincial and county agencies; and moves *across* from the MOH to other ministries. Concern was also expressed regarding sub-optimal mixes of ARV drugs being used, and regarding high dropout rates from pilot treatment programs.

The culminating point in the week's activities occurred on November 10, with a visit by Bill Clinton to an AIDS conference at Tsinghua University. In the question and answer session, he was asked how physically close he has ever come to someone infected with HIV. Very close, he replied in a relaxed tone – handshakes, hugs, sometimes with patients who were close to death. After the Q and A session was over, one of the would-be questioners who had not been called upon jumped up and demanded to be heard. He said that he is twenty-one, and has been HIV-positive for the past six years. Clinton answered his questions, and congratulated him on his openness. He then beckoned to the young man to come up on the stage, affably draped his arm over the young man's shoulders, and grinned at the flashing cameras as the audience applauded. The following morning, most of China's major newspapers showed this incident as the main photograph on the front page. It was the ultimate media moment.

The young man in question, Song Pengfei, became HIV-positive through receiving infected blood in a hospital operation. He and his family were then completely ostracized by society, and lived in poverty. His father fought tenaciously to publicize his plight and to obtain ARVs for him from foreign charities. Some years ago, Song was the first person in China to publicly state that he is HIV-infected. After he asked tough questions of Chinese officials at a foreign conference, he was blacklisted by the government. So there was poetic justice when a beaming Clinton took Song by the arm and got him to shake hands, in front of the cameras, with three government ministers, whose smiles seemed a little less perky than Song's.

The Global Fund grant is important because it represents a last-minute effort to help the former plasma donors before they die, and because it represents the first significant HIV care and treatment program in

China. But the real test will be whether China builds on this and effectively tackles the flow of HIV infections from injecting drug users, via commercial sex workers, to the general population.

[Bernard Rivers (rivers@aidspan.org) is Executive Director of Aidspan and Editor of its GFO Newsletter. He visited China several times this year to serve as facilitator to the team developing China's HIV proposal to the Global Fund.]

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END OF NEWSLETTER
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This is an issue of the GLOBAL FUND OBSERVER (GFO) NEWSLETTER.

The GFO NEWSLETTER is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org). The GFO Newsletter is emailed to subscribers once to twice a month.

GFO has an Editorial Advisory Board comprising ICASO, GNP+ and the AIDS NGO Network in East Africa (the three organizations designated as Communications Focal Points within the Global Fund's NGO board delegations), and the International HIV/AIDS Alliance. GFO is currently provided in English only. It is hoped later to provide it in additional languages.

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