

Mr. Gabriel Jaramillo
General Manager
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin de Blandonnet 8
1214 Vernier - Geneva
Switzerland

5 March 2012

Dear Mr. Jaramillo,

As advocates working together in the Global Fund Advocates Network, we welcome you and look forward to working with you as General Manager of the Global Fund. We support the Global Fund because of the enormous impact it has already had and the even greater impact that is possible going forward.

As you know well, the Global Fund is at a critical period in its history. We strongly believe that efforts to strengthen the Fund should be inspired and guided by new evidence that shows we can end the three epidemics with the right investments and the necessary political will. As the Consolidated Transformation Plan (CTP) is implemented, we urge you to go beyond a narrow focus on systems and fiduciary control. With bold vision and the right changes, you will help chart a course for this accomplished institution to become the Global Fund to **End** AIDS, Tuberculosis and Malaria.

Many of us received your letter in which you share the three goals you want to achieve in your term. We would like to express our support in reaching these goals. Moreover, as civil society activists who want to work with you to build the political will necessary for the Global Fund to reach its true potential, we submit for your consideration several key issues:

1. Given the dire financial predicament that the Global Fund faces, we strongly support your focus on resource mobilization. We believe that the most urgent priority is ensuring that there is a pledging opportunity this year and that preparation of a new funding window start. We know from experience that if the Global Fund Board, Secretariat and advocates align efforts and speak with one voice about the need, the historical opportunity and the Fund's capacity to have even greater impact going forward, we can succeed in making the challenge before us a defining success in global health history.
2. The Global Fund's exciting new strategy (2012-2016) will be instrumental in working towards ending the epidemics. However, in order to fully grasp the current momentum we must act now to begin the implementation of this strategy. This should include working with technical partners, countries and civil society to conduct a comprehensive assessment of the resources required for countries to fully implement aggressive programs to change the trajectory of these diseases—in line with the new strategy and strategic investment frameworks, and as called for in Decision Point 16 from the last board meeting. A proper assessment of the impact of the cancellation of Round 11 and fully employing the opportunities of the Phase 2 renewals to move toward more strategic investments is also needed.
3. The Global Fund must remain committed to being a demand-driven, results-focused, and people-centered organization, rather than an

organization at the mercy of donor country politics.

4. Improving the speed of disbursements is a critical challenge. The Global Fund must take measures to cut down on bureaucracy and quickly overcome barriers to more rapid disbursement of funds. This may require your leadership in providing direction to move past specific bottlenecks. We also urge you to move away from the risk-averse approach that has slowed down action at the Secretariat in recent years. Your challenge will be balancing risk management with the urgent need to service people dying of these three diseases.
5. The Global Fund must re-think and re-tool its communications and media strategy building on lessons learned in the Global Fund's early years. For example when grants to Uganda and Ukraine were suspended early on, the Secretariat boldly and loudly broke the news itself. Subsequently, donors hailed the Global Fund as an unprecedented tool for investing development funds with accountability and transparency. Acknowledging challenges over the 18 months, with IG reports being leaked to the press, this is all the more reason that a more proactive strategy is critical now. The absence of such a strategy has given space for uninformed critics, notably the Associated Press, to blame the Global Fund rather than heralding its transparency and ability to police itself. Rather than driving the story, we were run over by it. We urge you to put the Secretariat back in the driver's seat and embrace an aggressive and forward-leaning communications strategy.
6. It is critical that implementing countries have a strong and trusting relationship with the Secretariat. The Secretariat's working relationship with stakeholders at the country-level, especially in the CCMs, must be strengthened and the architecture should be simplified. This must be more central in the CTP. Redesigning the Secretariat into a more efficient, non-bureaucratic institution will return major dividends in terms of greater impact and strengthened relationships at the country-level.

In 2001, Kofi Annan's bold vision – calling for a \$10 billion AIDS war chest that would provide three grants rounds per year – rapidly mobilized an unprecedented effort to improve the health of people living in poverty. With the end of AIDS, TB and malaria finally in sight, such visionary and audacious leadership is needed again. We are committed to working with you and the Secretariat team to achieve the transformation that is possible in this moment.

Sincerely,

ACT V: The End of AIDS - USA
GAT (Grupo Português de Activistas sobre Tratamentos de VIH/SIDA) - Portugal.
Simão Cacumba M Faria SCARJoV - Luanda – Angola
RESULTS UK - UK
Stop Aids Now! - Netherlands
Aids Fonds - Netherlands
The International HIV/AIDS Alliance, Anton Ofield-Kerr, Head of Policy, UK
TB ACTION Group - Kenya
Christian Community Health Care Foundation - Nigeria
AIDS infoshare -Russia
FISS-MST/SIDA Cameroon
Interagency Coalition on AIDS and Development (ICAD) – Canada
GESTOS- Hiv, Communication and Gender - Brazil

LACCASO I Latin American and the Caribbean Council of AIDS Services Organizations - Brazil
International Treatment Preparedness Coalition -Thailand
Canadian HIV/AIDS Legal Network - Canada
Public Personalities Against AIDS Trust, Harare - Zimbabwe
World AIDS Campaign International (WACI) - Capetown
Ecumenical Advocacy Alliance – Switzerland
World Vision International - Amersfoort, the Netherlands
NGO Lumière Action and Forum Francophone de lutte contre la Tuberculose (2FFTB) – Ivory Coast
Regional Centre for Community Policies - Moldova
Civil Association New Life - Moldova
Civil Association Mothers for Life - Moldova
Network of PLWH and affected community Positive Initiative – Moldova
Positive Muslim Group - Burma
Canadian Treatment Action Council (CTAC) - Canada
Lutheran World Federation – Switzerland
African Council of AIDS Service Organizations (AfriCASO) - Senegal
Global Coalition of Women against aids - Uganda
Russian Harm Reduction Network “ESVERO” - Russia
International Network of People who Use Drugs (INPUD) - UK
Advocates for Health International, Albert Colorado, Patient advocate - USA
Health GAP - Program on Human Rights and the Global Economy - USA
The Centre for Health Policy and Innovation - Canada
Grandmothers Advocacy Network (GRAN) - Canada
Global Forum on MSM & HIV (MSMGF) - USA
Ntchisi Integrated Development Organisation, Malawi
CABSA, Caring Christian Communities Ministering Reconciliation and Hope in a world with HIV - South Africa
Ambassadors of Change, Nakuru, Kenya
Aid for Aids International, USA
The Osservatorio Italiano sull’Azione Globale contro l’AIDS - Italy
Dance4life foundation – the Netherlands
Action against AIDS - Germany
The Finnish Evangelical Lutheran Mission (FELM) - Finland
Eurasian Harm Reduction Network (EHRN) - Lithuania
RESULTS USA - USA
Joppa centre kaptarkwa keiyo district - Kenya
KNCV Tuberculosis Foundation – the Netherlands
Fundación Nimehuatzin - Nicaragua
International Civil Society Support – the Netherlands
AIDS and Rights Alliance for Southern Africa (ARASA) – South Africa