

May 2012

To the Global Fund Board:

We write as global health groups, communities affected by HIV, TB, and Malaria, and researchers from around the world to urge you **not** to undermine the founding principle of a demand-driven Global Fund. We are united against proposals to set “envelopes” or “allocations” for each country, which would result in limited ambition, scaled back or skewed plans, and ultimately a failure to get ahead of death and new infections. Limiting ambition now will only cost more in the future—in lives and money. Instead we must continue the push for the boldest plans possible. We must focus, not on limiting country strategies, but on impact in the short term and ensuring predictable, sufficient funding is available long term.

**The Demand Driven Model is Needed to End the Crises:** The Global Fund is the most innovative, far-reaching, results-driven health financing mechanism in the world. We remind leaders that it was, in fact, born out of the failure of other development institutions—largely funding “envelope” driven—to respond to the three pandemics. World leaders, including all G8 countries, committed to ensuring that no “costed, credible” plan would go unfunded.

Today we face a crisis of success: high quality proposals, new science and quality implementation are making it now possible to imagine the end of the AIDS, TB, and malaria crises. We are disturbed by proposals that look backward to the very models that have failed to end the pandemics and urge the board to maintain the innovation and commitment to scale embodied in the demand-driven model.

**Better, Predictable Funding Does Not Require Allocations or Envelopes or Ceilings:** In November the Global Fund Board decided on an exciting new Strategy for 2012-2016. This includes a commitment to replace the “rounds” system with a more flexible and predictable model, which is urgently needed. However, this does not mean that the Fund should simply begin dividing-up current available funds country-by-country based on some equation. Likewise, even country allocations based on disease and poverty that are designed to act as 'floors' that additional funding could be added to would act as ceilings—regardless of the intention of the model. This will have clearly negative consequences: instead of countries putting game-changing plans together and presenting these to the global community for support, countries will feel pushed to program according to the available insufficient budget. This is a model for failure in the fight against infectious disease pandemics.

**We draw your attention to alternatives**, including the attached points from civil society that could be the basis for a rational new funding model to meet the needs of changing times while retaining demand-driven focus. **This can and should be implemented as discussions move ahead on urgently needed new funding windows in 2012 and 2013, but a top priority must be stoking, not limiting, ambition.**

**The Solution Is Flexible, Predictable Resource Models:** If the problem is insufficient (and insufficiently predictable) donor funding then we call upon world leaders to create new replenishment mechanisms. The total unmet “demand” expressed to the Global Fund is little more than a rounding error in global budgets—temporarily insufficient funding should not mean abandoning the fight. Models that apportion the need among those who can pay, that allow for multiple pledging opportunities, and that promote peer-accountability among donors are how the global community ensures sufficient resources for its true priorities. Where are the serious proposals in this area?

This is a moment of reckoning: will the Board and will world leaders abandon their commitments to a new model of development with success within our grasp? Or will we all act together, with commitment, to end the crises of AIDS, TB, and malaria? We urge you to maintain your commitment.

**Signed by (56 organizations as of May 15 2012):**

- ACT V: The End of AIDS | United States
- Stephanie Rosenberg | Public Citizen-Global Access to Medicines Program | Washington, D.C. United States
- Canadian HIV/AIDS Legal Network | Canada
- Dr Eliot Ross Albers, PhD | Executive Director | International Network of People who Use Drugs (INPUD) | London, United Kingdom
- Treatment Action Group | New York | United States
- Sergey Votyagov | Executive Director | Eurasian Harm Reduction Network (EHRN) | Lithuania
- Laura Bisailon, PhD | Postdoctoral Fellow | York University's Institute for Health Research | Toronto, Canada
- Interagency Coalition on AIDS and Development (ICAD) | Canada
- David Traynor | Thailand
- Partners In Health | Boston | United States
- Kenya Treatment Access Movement – KETAM | Kenya
- CIHR Canadian HIV Trials Network | Vancouver BC, Canada
- Fogue Fogutio | Executive Director | Positive Generation | Yaoundé, Cameroun
- Addiction Research Center, Alternative Georgia | Tbilisi, Georgia
- Monique Doolittle-Romas | Executive Director | Canadian AIDS Society | Canada
- RESULTS | Washington DC, United States
- Victoria AIDS Resource & Community Service Society | Victoria BC, Canada
- Dr. Rosemary/Mbali J. Jolly, Professor | Frank Knox Award for Teaching Excellence | South African Fund | Kingston ON, Canada
- Australian Federation of AIDS Organisations | Newtown NSW, Australia
- Marc Purcell | CEO | the Australian Council for International Development (ACFID) | Deakin ACT, Australia
- International Treatment Preparedness Coalition (ITPC) | Bangkok, Thailand
- The Global Forum on MSM & HIV (MSMGF) | Oakland CA | United States
- Community of PLHiV | Uzbekistan
- Vanessa Lopez | Executive Director | Salud por Derecho (Right to Health Foundation) | Spain
- Nataliia Kitsenko | Director HIV/AIDS and Drugs Issues Department | Odessa Charity Fund “The Way Home” | Odessa, Ukraine
- Stop AIDS Campaign | United Kingdom
- Khmelnytsky regional drug addiction, HIV/AIDS, STD solving problems “Victoria” Association | Ukraine
- Results Canada
- Results United Kingdom
- Benevolent Fund Rainbow | Odesa, Ukraine
- Asia Pacific Network of People Living with HIV/AIDS
- World Aids Campaign International | Cape town, South Africa
- Kostiantyn Zverkov | Era of Mercy | Odessa, Ukraine
- Commission Internationale d'Act Up-Paris | France
- Eldred Tellis | Director | Sankalp Rehabilitation Trust | Mumbai, India
- Aids Fonds | Amsterdam, the Netherlands
- STOP AIDS NOW! | Amsterdam, the Netherlands
- Aymeric Péguillan | Head of Mission with Doctors Without Borders/Médecins Sans Frontières (MSF) | Swaziland
- International Planned Parenthood Federation (IPPF) | London, United Kingdom
- Nadia Rafif | Association de lutte contre le sida (ALCS)/ CSAT MENA | Marrakech, Morocco
- Hakima Himmich | Association de lutte contre le sida (ALCS)/ CSAT MENA | Marrakech,

## Morocco

- Souhaila Bensaid | Rahma for PLHIV Tunisia/ ATL MST Sida section Tunis | Tunisia
- Center on Mental health and HIV/AIDS (MHAIDS) | Tajikistan
- Tajikistan Network of Women with HIV – (TNW+)| Tajikistan
- Dream Plus | Tajikistan
- Sylvie Beaumont | NAM Publications| London, United Kingdom
- Muriel THIERY-CIRILLO | “WORDS OF WOMEN+” | Principauté de Monaco
- Natalya Babenko | director | Mykolaiv Local Charitable Foundation | Mykolaiv , Ukraine
- Health GAP (Global Access Project)
- Othoman Mellouk | Regional Advocacy Coordinator | ITPC North Africa | Marrakech, Morocco
- AFVIH : Association des Femmes VIH+ | Mauritania
- Fouzia elqejlaji | ONG : Association de Lutte Contre Le sida ALCS | Casablanca, Morocco
- Fatimata Ball | Remap + : Réseau Mauritanien des Associations des PVVIH | Mauritius
- ONG STOPSIDA | Pays Mauritanie
- Beatrice Bouin
- Jacovleva Maria | Saint-Petersburg, Russia