

GFATM at the launch: ISSUES BRIEF JAN 2002

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The Global Fund to fight AIDS, TB and Malaria has a limited amount of time to succeed or fizzle. To inspire the investments needed to mount a meaningful response to the global AIDS disaster, the GFATM must produce dramatic results in its first year. Saturating a measurable population sector with effectively delivered ARV treatment can drop mortality 25-40% in a single year, with roughly correlated decreases in rates of new infection. Yet most of the GFATM negotiators place little priority on treatment for the 8000 people who die each day without access to AIDS medicines.

Key issues:

1. Demand that Board spend money quickly and fully.

Some TWG members are reluctant to spend all of the money contributed to the global fund, in order to extend the window of the fund. Such a limited vision both accepts the current small levels of funding, and assumes that the fund will not ever grow to meet the \$9.3 billion need.

The fund must prove itself by quickly spending every penny available, leveraging dramatic results for greater contributions.

2. Work with board, TRP and applicant countries to ensure treatment for people living with AIDS.

Many of the TWG and board members see treatment for PWAs as not 'cost effective'. The political momentum the created the fund has been driven largely by a demand to provide treatment for people in impoverished nations. To refuse medicine for the 8000 people a day dying without access is immoral, and dooms the fund to a slow fizzle.

At the December ICASO world conference in Burkina Faso, NGOs representing hundreds of thousands of people with AIDS issued the "Ouagadougou Appeal", which calls for a minimum of 30% of the global fund's resources to be spent on AIDS treatment in the first year.

3. Work with recipient countries and TRP panels to work to ensure maximum market entry for generic drug manufacturers.

Treatment access advocates have always seen the global fund partly as a tool to jumpstart market entry of affordable generics into developing countries. The availability of affordable medicine within reach creates social demand for medicine, which can change the domestic priorities of nations. The economic mechanism of generic competition exerts a constant downward pressure on prices. Economies of scale in the raw materials market and in manufacturing can bring costs down substantially lower than has already been seen. Once launched on a meaningful scale, this economic process is difficult to reverse, irrespective of the future existence of the global fund.

4. Work with board members to revitalize the Quickstart proposal:

A "Quickstart" to the global fund has been negotiated and re-negotiated until, unfortunately, almost everything 'quick' or innovative has been removed from the current language. The Board should immediately issue an RFP open to any qualified provider demonstrably able to deliver treatment services to people with AIDS, TB, or malaria. Recipients would then join the country coordinating mechanism (CCM), broadening and strengthening these bodies at the launch. This proposal addresses opposition to treatment, and puts immediately puts resources into the hands of NGOs and private sector workplace clinics. By building strong CCMs from the start, results can be delivered faster than if the eventual country proposal comes only from CCM members hand selected by government.

5. Place strong advocates for treatment on the TRP: Submit via any contacts on the TWG or board available. Access advocates should share their candidates information, to enable support for a 'slate'.

ACTIONS:

1. Push former TWGs & board members to spend all the resources in the fund, with at least 30% of grant resources spent for AIDS treatment, delivered largely to 'Quickstart' recipients in the first year.
2. Work with applicant countries to submit proposals that prioritize treatment for PWAs and include affordable generics wherever possible.
3. Lobby governments and donors for money for Global Fund.

The Health GAP Coalition is a network of U.S.-based AIDS activists, public health experts, human rights groups, fair trade advocates and individuals dedicated to eliminating barriers to access to affordable life-sustaining medicines for people living with HIV/AIDS in impoverished countries. Access to medication is a fundamental human right that supersedes the commercial interests of the pharmaceutical industry.