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Global Fund Calls On Donors to “Seize the Moment”

“If we don’t seize this moment, we will be dealing with these diseases for generations,” Global Fund Executive Director Mark Dybul told his audience at the Preparatory Meeting of the Global Fund Fourth Replenishment.

The meeting, hosted by the European Commission, and held in Brussels, Belgium on 9–10 April 2013, was intended primarily to provide information and context to help donors prepare their funding decisions, and to make the case for a \$15 billion target for the replenishment. The Global Fund had announced the target the day before the meeting.

The replenishment conference itself will be held later this year.

On 8 April, the day before the meeting, the Global Fund announced the \$15 billion target for the Fourth Replenishment, which covers the period 2014–2016 (see [GFO article](#)).

The first day of the meeting consisted of presentations on new advances in science and programme implementation. On the second day, the Global Fund provided donors with a detailed explanation of its 2014–2016 funding needs.

“The meeting in Brussels was highly successful,” Seth Faison, Director of Communications for the Global Fund, told GFO. “There was a palpable sense of optimism in the room. The mood was distinctly upbeat. Many delegates expressed enthusiasm for the progress we are seeing in the fight against the three diseases.”

Timothy Hallett, a senior member of the faculty at the Imperial College in London, gave a presentation showing how focused work on specific geographic areas and populations – also known as “hot spots” – in

countries with significant HIV epidemics has yielded dramatic reductions in infection and deaths. Robert Newman, Director of the Global Malaria Programme at the World Health Organization, outlined the sharp gains and steep challenges in fighting malaria. He likened the situation to a “coiled spring,” meaning that if the response is allowed to stagnate, malaria prevalence will bounce back up to where it was a few years ago. Lucica Ditiu, Executive Secretary of the Stop TB Partnership, provided a similar overview for TB, emphasising some very threatening scenarios related to the multi-drug resistant form of the disease.

The discussion in the Q&A that followed emphasised the need to continue to strengthen health systems to support the work being done on the three epidemics. One person referred to this as “joining the dots.” Several people, particularly ones from implementing countries, argued for the need to continue to move away from vertical programming and into more in-depth work on health systems strengthening.

“Together, the presentations and ensuing discussion made a compelling case for what can be achieved,” the Global Fund said in an [article](#) in its News Flash.

Pledges and calls for support

Although donors were not expected to make pledges at this meeting, Andris Piebalgs, Development Commissioner for the European Union (EU) reiterated a pledge he had made earlier to do his “best” to maintain the current level of support for the Global Fund – which is about €100 million a year.

“Naturally we would all like to see an increase in the EU’s development budget. But even if we have to live with a lower budget than expected, we are aware of the huge benefits the Global Fund brings and I can assure you ... that it will remain an important instrument for the EU in the fight against HIV/AIDS, tuberculosis and malaria in poor countries,” Mr Piebalgs said in a [speech](#).

The Government of Saudi Arabia also spoke up in support of the Global Fund, with its representative saying that it was proud of the Fund and would continue to pledge to it. However, the representative did not say how much Saudi Arabia would give.

When Mr Piebalgs spoke, he highlighted the need to expand the Global Fund’s current donor base by getting the private sector and emerging donors to boost their contributions.

Brian Brink, Chief Medical Officer with Anglo-American PLC, who represents the private sector on the Global Fund Board, called on the governments represented at the meeting to set up meetings in their countries with the top private sector CEOs and to make the business case, not just the social case, for investing in the Global Fund. Dr Brink said that the private sector (i.e. corporations and other businesses) should be contributing 10% of the \$15 billion target. Currently, the private sector accounts for less than 1% of total contributions to the Global Fund.

Speaking to a reporter from Devex, an information hub for development news, the Global Fund’s Seth Faison [said](#) that other donors, such as the US, France, the UK, Germany and Japan, have “signalled their strong enthusiasm for the Global Fund’s new strategy of investing for impact.”

As [reported](#) in The Guardian newspaper, Mark Dybul told a new conference on the day preceding the preparatory meeting that double-digit declines in mortality from the three disease could be jeopardised if donors fail to top up the Global Fund. But he acknowledged that threatened cuts to international development budgets make his sales pitch harder. “We understand that these are difficult times. Unfortunately, infectious diseases don’t pay much attention to budget cycles.”

The newspaper said that the Global Fund already estimates that money from its biggest contributors – which include the European Commission, EU member states, the US and Japan – will decline slightly from 2012 to 2013 (the last year of the current replenishment period). The organisation’s data show that

contributions from foundations and companies are also shifting downwards, the newspaper said.

Civil society organisations and the Global Fund Advocates Network (GFAN) organised several events during the week of the preparatory meeting, including a high-level panel discussion and an activists' rally, both on 8 April.

The panel discussion, organised with the help of two European Parliament Working Groups and Friends of the Global Fund, was held in the European Parliament. It brought together six people to discuss the Global Fund strategy, its needs assessment and its new funding model: Dr Dybul; Charles Goerens, Member of European Parliament; Viktor Makwenge Kaput, Board Chair of Roll Back Malaria; Klaus Rudischhauser, Deputy Director General, DG DEVCO, European Commission; Lucy Chesire, Board Member, Communities Delegation to the Global Fund; and Oxana Rucsineanu, Here I Am Campaign Ambassador for Eastern Europe. A full report on the panel discussion is available on the website of the TB Europe Coalition [here](#).

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