Short Items

- 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 WashingtonDC, 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 pricereduction means that treatment-related Global Fund grants can go further. If prices could be broughtdown to $99 per patient year, and if these prices could be made available in all poor countries, thecost of first line drugs to implement WHO’s “3 million people by 2005” target would be only $300million annually – permitting funders to concentrate primarily on more complex components of careand treatment.

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