



Independent observer  
of the Global Fund

## MAIN DECISIONS MADE AT GLOBAL FUND APRIL BOARD MEETING

The main decisions made by the Global Fund Board at the meeting that ended yesterday were, in chronological order, as follows. (For precise wording of what the Board agreed, check in

[www.theglobalfund.org/documents/board/17/GF-B17-DecisionPoints.pdf](http://www.theglobalfund.org/documents/board/17/GF-B17-DecisionPoints.pdf) for the Decision Points specified below.)

1. New TRP members: The Board approved nine new members for the TRP. The TRP now has 35 members, of whom 57% are male and 43% are female. 51% come from developing countries. [See Decision Point 4.]
2. Grant closure costs: The Board delegated to the Secretariat authority to approve certain additional funding to cover grant-closure costs for terminated grants, so long as the total funding for the grant does not exceed the amount originally approved by the Board. [See Decision Point 6.]
3. Inspector General priorities: The Board agreed on priorities for the new Inspector General. (The previous Inspector General left the Fund after a complete breakdown of the relationship between him and the Secretariat.) [See Decision Point 9.]
4. Budget Framework: The Board agreed a framework for computing the Fund's budget. [See Decision Point 10.]
5. UNITAID and UNAIDS: The Board agreed basic approaches to its ongoing relationships with UNITAID and UNAIDS. [See Decision Points 11 and 15.]
6. Affordable Medicines Facility for Malaria: The most effective anti-malaria drug is artemisinin combination therapy (ACT), but for many people it is too expensive. To help in this regard, the Board agreed at its last meeting to look into hosting the Affordable Medicines Facility – malaria (AMFm), formerly known as the Global ACT Subsidy. The idea is to help reduce the price for ACTs by

negotiating with drug companies as well as by providing co-payments or subsidies to purchasers of the drugs. After multiple committee meetings involving intense negotiations, the Board had, by this week's meeting, made some progress in deciding how all this will be handled, but it still has a long way to go. The Board agreed that the Secretariat will "prepare" to host and manage the AMFm within the Fund, subject to final approval at the next Board meeting of a policy framework and implementation plan that has still to be developed by the Secretariat under the oversight of an ad-hoc committee of the Board and others that is yet to be set up. [See Decision Points 16.]

7. Board seats for malaria and tuberculosis: The Board currently has non-voting seats for UNAIDS, WHO and the World Bank. Thus, there is a seat (held by UNAIDS) representing HIV/AIDS, but no seat for the Roll Back Malaria Partnership or for the Stop TB Partnership. This imbalance has twice been referred to the Fund's Policy and Strategy Committee (PSC), but PSC members had been unable to agree on increasing the size of the board, on having the UNAIDS seat be shared by the three diseases, or on any other solution. The Board discussed the matter, came up with no solution, and sent it to the PSC for a third time. [See Decision Points 17.]
8. Increased emphasis on malaria: The Board urged countries to submit ambitious proposals aimed at scaling up comprehensive malaria control programs, particularly the distribution of long-lasting insecticide treated nets and ACTs. The Board also urged countries to consider revising budgets for existing Global Fund grants so as accelerate implementation of such programs. [See Decision Points 18.]
9. Transition from Administrative Services Agreement with WHO: At its previous meeting, the Board had agreed that by the end of 2008 the Fund will terminate its Administrative Services Agreement with WHO. (Under the Agreement, WHO has been responsible for certain aspects of Global Fund administration. New procedures are to be put in place that the Fund controls more directly.) At this meeting, the Board acknowledged that not all of these new arrangements can be put in place by the end of this year and that accordingly, certain such services will continue to be handled by WHO for up to nine further months. [See Decision Points 20.]
10. Launch of Round 9: See separate article, above. [See Decision Points 23.]

For further details and background papers, see [www.theglobalfund.org/en/about/board/seventeenth](http://www.theglobalfund.org/en/about/board/seventeenth).

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