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Board of Directors  
Global Fund to Fight AIDS, Tuberculosis, and Malaria  
Chemin de Blandonnet 8  
1214 Vernier  
Geneva, Switzerland

27 April 2010

Dear Members of the Board,

Ahead of the meeting of Board of Directors of the Global Fund to Fight AIDS, TB, and Malaria (GFATM) taking place this week in Geneva (28-30 April), I am writing on behalf of Médecins Sans Frontières (MSF) to express concern over proposed policy changes that could seriously curtail the timely scale-up of quality HIV/AIDS treatment.

The GFATM's innovative model has shown to be effective in mobilising considerable funds and transforming these resources into results. The Board recently reaffirmed its commitment to the GFATM's performance-based demand-driven model, and agreed to mobilise the resources necessary to fund approved proposals deemed worthy based on technical merit. Countries have responded by developing more robust grant proposals to mount more effective programs to address the three diseases.

Such an ambitious joint response by the GFATM and countries has made the considerable scale-up in AIDS treatment and major progress in malaria and TB over the past decade possible. However, seven out of ten of those in need of ART still do not have access to life-saving treatment and serious gaps remaining in TB and malaria efforts, this is no time to lose momentum.

MSF is therefore highly concerned over calls to place limits on how much funding will be available for future rounds of proposals and/or to postpone the next request for proposals for Round 10. We call on Board members to reject these calls, and maintain the schedule of issuing the call for proposals for May 2010, as decided at the November 2009 Board meeting.

Imposing limitations on grant applications will have a serious impact, at a time when national ARV programmes are increasingly vulnerable to the volatility of donor funding and long overdue scale up of MDR-TB treatment is just beginning. As MSF has reported, funding for HIV treatment scale-up is being reduced by other donors, leaving countries desperately seeking replacement funding. Countries need to be able to ask for additional funding in the immediate term in order to support continuity of care as well as treatment scale-up.

Also, critical components of improved access to AIDS treatment, not least the adoption and implementation by countries of new WHO guidelines for ART, are at risk of not being implemented with any postponement or capping of Round 10. This will result in patients receiving second-class treatment. The GFATM must not sacrifice quality by limiting countries' ability to submit and be funded for quality grant proposals.

Board members must therefore act in coherence with the demand-driven approach of the GFATM and support positions that will allow for the necessary funding to be raised in order to fund quality proposals based on technical merit, rather than prematurely capping the size of proposals.

Any other outcome would undermine demand and ambitions from countries and impact negatively on an ambitious mobilisation effort to obtain the sources necessary.

In deliberating these issues, we sincerely hope your delegation will keep in mind the people on the waiting lists for HIV/AIDS treatment and the opportunity that timely scale-up of services can have in increasing their chance for survival.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tido von Schoen-Angerer', with a long horizontal flourish at the end.

Tido von Schoen-Angerer, MD, MSc  
Executive Director  
Campaign for Access to Essential Medicines  
Médecins Sans Frontières International

CC :  
Professor Michel Kazatchkine, Executive Director, GFTAM  
Alternate Board Members to the GFATM, Focal Points, and Delegates