

Global Fund Advocacy Alert:

REPLENISHMENT 2008-2010 Total needed – US\$18 billion

2008 – US\$ 4 billion

2009 – US\$ 6 billion

2010 – US\$ 8 billion

August, 2007

This Advocacy Alert has been prepared by the International Council of AIDS Service Organizations (ICASO) and International Civil Society Support (ICSS) on behalf of the Developed and Developing Country NGO, and Communities living with HIV, TB and affected by Malaria Delegations to the Global Fund Board.

Global resource needs for AIDS, tuberculosis and malaria are approximately US\$89 billion in 2008-2010. We urge the Donor Community to pledge a total of \$18 billion to the Global Fund to Fight AIDS, TB and Malaria for the Replenishment period 2008-2010. This will ensure that new funding Rounds are fully funded, that current programs are continued, and that money is available for massive scale-up of prevention, treatment, and care, in order to reach the global targets of Universal Access by 2010 and the Millennium Development Goals in 2015.

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1. Global Funding needs

Millennium Development Goal (MDG) 6 aims to have halted and begun to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases such as tuberculosis by 2015. G-8 countries, the African Union, and the United Nations General Assembly on AIDS in 2006 all committed to the goal of achieving universal access to comprehensive HIV prevention, treatment, and care by 2010. G-8 countries also committed their support for the Stop TB Partnership's Global Plan to Stop TB: 2006-2015, a 10-year blueprint for achieving the MDG for TB.

The gap between available funding for AIDS, TB, and malaria and global funding needs is growing—and the possibility of achieving these commitments is diminishing. The rhetoric and promise of universal access, support for the Global Plan to Stop TB and increased commitment to address the malaria crisis will be deeply cynical if countries, donors, and international institutions fail to address the growing global funding gaps that will make scale-up, and fulfillment of the MDGs, virtually impossible.

The following analysis, prepared by the Global Fund and based on partner estimates, describes global funding needs for the three diseases for the period 2008-2010. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is the major multilateral funding instrument responding to the three diseases—without a fully funded Global Fund, these global targets will not be achieved.

SUMMARY: GLOBAL FUNDING NEEDS FOR HIV/AIDS, TB AND MALARIA 2008-2010¹				
	HIV/AIDS	Tuberculosis	Malaria	Total
2008	\$21.1 billion	\$3.8 billion	\$3.1 billion	\$28 billion
2009	\$20 - 23 billion	\$4.2 billion	\$3.4 billion	\$27.6 - 30.6 billion
2010	\$20 - 23 billion	\$4.5 billion	\$3.7 billion	\$28.2 - 31.2 billion
TOTAL	\$61.1 - 67.1 billion	\$12.5 billion	\$10.2 billion	\$83.8 - 89.8 billion

2. Resource Needs of the Global Fund for 2008-2010

According to UNAIDS, the Stop TB Partnership and Roll Back Malaria have estimated that the global resource needs regarding the three diseases are approximately US\$28-31 billion per year in 2008-2010.

The Global Fund's 2007 Resource Needs report projects a level of demand to the Global Fund of US\$6 billion per year in 2010, which would represent a tripling in the size of the Global Fund. The Board agreed that if its partners and stakeholders in developed and developing countries scale up their efforts to strengthen and improve the quality and size of demand from countries, the Global Fund could potentially reach the size of US\$8 billion annually by 2010.

The civil society delegations to the Global Fund Board therefore call on donors to commit \$18 billion over 2008-2010.

RESOURCE NEEDS FOR THE GLOBAL FUND 2008-2010			
2008	2009	2010	Total
\$4 billion	\$6 billion	\$8 billion	\$18 billion

¹ Based on figures from Resource Needs for the Global Fund 2006-2007 and 2008-2010, page 15 – Figure 5

3. The Second Replenishment 2008-2010

The High Level Meeting of the Second Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria is taking place in Berlin, Germany, 27-28 September, with a pre-meeting on September 26th. The Replenishment will be hosted by the German Federal Chancellor Angela Merkel. Thursday September 27th will be the official day for pledging by donor governments, followed by an update on technical issues on the last day of the meeting.

A preparatory meeting took place earlier this year in Oslo, Norway, where donors discussed the most updated progress report on results and impact of the Global Fund activities², the funding status of the First Replenishment (2006-2007) and the resource needs scenarios for the Second Replenishment (2008-2010). The Chair's Summary of this first meeting of the Second Replenishment can be found on

www.theglobalfund.org/en/files/about/replenishment/oslo/chair_summary_oslo_2007.pdf

The Replenishment mechanism was established in October 2003, when the Board of the Global Fund decided to promote periodic replenishments aiming to ensure sustainable and predictable support for the Global Fund. The process, which is a voluntary mechanism, is based on the financing model of a number of international funds and enables donors to better plan their financial commitments and provides a forum for vital exchange on donor expectations. The Global Fund's Replenishment process is chaired by Mr Kofi Annan, former UN Secretary-General, and the Vice-Chair is Mr Sven Sandström, former World Bank's Managing Director.

For more information see www.theglobalfund.org/en/about/replenishment

4. The Overall Strategy

The three civil society Delegations to the Global Fund Board - Developing and Developed Country NGOs, and Communities living with HIV, TB and affected by Malaria - are working together on advocacy around the Replenishment meeting. The delegations are calling on donor governments to pledge the \$18 billion needed for 2008-2010 in order to obtain the so much needed scale-up of activities to reach Universal Access to HIV prevention, treatment, care and support in 2010, the Millennium Development Goals in 2015, and other set targets for tuberculosis and malaria.

Our joint advocacy effort involves intensive in-country advocacy to make our leaders aware of the importance of the Global Fund and the need to ensure sustainable funding for the period 2008-2010.

Support and collaboration is urgently needed from advocates and activists in all countries, targeting donors in order to hold them accountable for their international commitments.

5. Resource Mobilization for 2008-2010 / Advocacy Messages

Pledging for the next three years (2008-2010) will take place on the second day of the Replenishment Meeting, September 27th. The replenishment mechanism is a voluntary one, so

² Partners in Impact – Results Report 2007

http://www.theglobalfund.org/en/media_center/publications/key_publications/default.asp#progress_reports

not all donors will commit themselves at this meeting though it is expected of many donors to announce their contributions. We need however to advocate both with the governments that will come forward and those that will not or cannot commit now (because of in-country budgeting cycles etc). If insufficient funding is raised during the meeting, we will call for an interim replenishment meeting before 2010.

Governments need to be reminded of our collective obligation to adequately respond to the crisis. Furthermore, donor governments have publicly committed to taking unusual steps in order to meet the important health goals such as TB treatment and the goal of providing universal access to HIV treatment and prevention by 2010.

The success of all advocacy efforts in support of the Replenishment will require informed and persuasive voices working at in-country level.

The following **key messages** should be part of all advocacy campaigns:

Key Global Media Messages Around September 26 - 28, 2007 Replenishment Meeting

- In April 2007, the Global Fund Board agreed that available resources for Global Fund grants should grow from approximately \$2 billion a year currently to as much as \$8 billion per year by 2010³ — or \$18 billion over the next three years.⁴ This figure represents the Global Fund's share of total resources needed to achieve the Millennium Development Goals (MDGs) and universal access to HIV prevention, treatment, care and support - which in total are estimated \$89 billion in 2008-2010.
- Not only is this September's Replenishment meeting in Berlin a pivotal point in the Global Fund's history, but given the failure of the G8 leaders to commit sufficient resources to adequately respond to the three diseases so far, it is THE key indicator of whether we will continue to lag behind in our response, or that we get on track to reach universal access in 2010 and the Millennium Development Goals in 2015. The leaders of the eight wealthiest nations gathered in Germany three months ago and said that they would fully fund the Global Fund and would work towards 'universal access' to life saving HIV treatment. The Berlin Replenishment meeting is the first real test of that promise.
- Increased funding is needed to speed progress toward universal access to antiretroviral treatment (ART). For example, currently only 28% of adults in urgent need of HIV treatment have access to life extending antiretroviral medicines, less than 15% of children with AIDS get treated, and only 11% of pregnant HIV positive women are reached with the drugs to prevent mother to child transmission of HIV. The Global Fund is supporting ART for approximately 1.1 million people. Treatment coverage needs to increase dramatically in order to prevent millions of avoidable deaths. This round of replenishment for the Global Fund will actually be the last chance to achieve the goal of universal access in 2010.
- HIV/AIDS prevention is crucial to combat the disease, by investing in good sexual and reproductive health information, education, services and care we can reverse the still ongoing rise in infection rates. The Global Fund has a major role to play in preventing HIV/AIDS and needs the necessary funding to do so.

³ From the Global Fund Board report: "The Global Fund's 2007 Resource Needs report currently projects a level of demand to the Global Fund of US \$6 billion per year in 2010, which would represent a tripling in the size of the Global Fund. The Board recognizes that, if its partners and stakeholders in developing and developed countries scale up their efforts to strengthen and improve the quality of demand from country partnerships, such demand could potentially reach the level of \$US 8 billion by 2010."

⁴ Scenarios B and C from the Global Fund's *Resource Needs for the Global Fund 2008-2010*.

- Increased funding is also needed to respond to emerging threats such as multi-drug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB). Apart from treating 2.8 million new TB patients so far, the Global Fund has also supported treatment for 24,000 people for multi-drug resistant TB (MDR-TB), which can develop into the deadlier XDR-TB if not treated properly.
- The Global Fund currently finances two thirds of all malaria control programs and is a vital component in the fight against this disease by paying for the new ACT drugs to cure malaria, the long-lasting bed nets and indoor residual spraying to help prevent malaria. In order to substantively scale up the use of these interventions the Fund must achieve the size of \$8 billion in 2010.
- We know now that HIV, TB and malaria have reinforcing effects on each other, which is causing major problems. People with HIV for instance, are more susceptible to TB, and having malaria increases the viral load of pregnant women who are HIV positive. A comprehensive response to the three diseases is much needed and the Global Fund is the best suited mechanism to achieve that.

The Case for Supporting the Global Fund

- The Global Fund has proven to be one of the most effective mechanisms for combating the three diseases. In its first five years, the Global Fund has helped triple the number of people receiving antiretrovirals (ARVs) in developing countries, provided food, shelter, protection, education and medical support for 1.2 million AIDS orphans and vulnerable children, detected and treated millions of new TB patients, and became the largest financier of insecticide-treated bed nets in the world. Increased funding will allow the Fund to reach many more children, vulnerable people, and communities in need around the world.
- In return for resources, the Global Fund's country-driven grant making system demands good performance. The Global Fund can reduce or even discontinue funding for projects that perform inadequately and has already done so in the past. This ensures that money spent by the Global Fund is money well spent.
- Global Fund programs have already saved 1.8 million lives so far, adding an additional 3000 people a day.⁵ By treating those already suffering from disease, and by preventing future infections, the Fund could save approximately 50 million lives by the year 2010 if all international funding goals pertaining to HIV/AIDS, TB and malaria are met.⁶ However, without the full support of its donors, the Fund cannot hope to realize this monumental achievement.

Donors Must Make Good on Promises Already Made

- Civil society is not asking for donor countries to make new promises. Donor countries must make good on promises already made. The targeted increase in funding reflects what is necessary for donor countries to achieve goals upon which they have publicly agreed. Civil society in both the Global North and South will be watching the meeting and will work to hold their governments accountable for the outcome.

Specific Asks

⁵ http://www.theglobalfund.org/en/media_center/press/pr_070522.asp

⁶ *ibid*

- Country specific asks for 2008-2010 (in US\$ millions):⁷ Canada \$900, Japan \$2,215, Norway \$270, UK \$1,430, France \$2,040, Netherlands \$545, Germany \$1,900, USA \$6,000.

Areas for Special Attention

- Women's needs have to be addressed urgently because of the ongoing feminization of the epidemic. We call for concrete action and extra resources, with donors and the Fund stepping up programs for women and girls, including improving their access to treatment, scaling up the delivery of prevention of mother-to-child transmission services, and tackling the intersection between gender-based violence and HIV.
- Efforts to improve and strengthen the broader health system are critical to achieving universal access to treatment for AIDS, TB and malaria and cannot be ignored. The Global Fund can and should play a larger role in providing countries much needed resources to address gaps in the health system by reopening a separate and dedicated window for countries who choose to use Global Fund resources to address system-wide barriers to AIDS, tuberculosis and malaria scale-up.

6. Advocacy Action in Developing Countries

Advocacy in developing countries should focus on building the credibility of the Fund as a uniquely effective financing instrument. Stories of how and where the Global Fund grants are working and having measurable positive impacts are indispensable tools for all involved in persuading donor governments to sustain and increase their financial contributions.

Please share your Global Fund success stories! Progress made in your countries in confronting the three diseases will convince donor nations that their investments in the Global Fund are strategic, smart, and having an impact.

At the Special Summit on AIDS, Tuberculosis and Malaria organized by the African Union (AU) in Abuja in May 2006, African leaders and Heads of State came up with a strong commitment to reach significant targets as reflected in the African Common Position calling for accelerated action towards mitigating the impact of these three diseases on the continent. The African NGO networks will use a position paper prepared by AfriCASO to urge their governments to adhere to the targets as stated at the AU Summit by making contributions to the Global Fund and by increasing domestic resources allocated to halt and reverse the pandemics.

We encourage advocates from other Regions to develop their own advocacy plans based on political declarations made by their governments at their respective regional summits.

7. Advocacy Action in Developed Countries

Advocacy in developed countries should urge politicians to deliver on the promises they have made on behalf of their nations, e.g. the UNGASS Declaration of Commitment, the Millennium Development Goals, and the Universal Access by 2010 agreement.

⁷ National civil society campaigns have applied various methodologies to determine the fair share contribution for each donor. For example, Canadian civil society networks are calling on Canadian government to contribute to the Global Fund at a level equivalent to Canada's investment in other multilateral mechanisms—5% of the Fund's overall resource needs. In Japan, civil society has calculated their demand of the government based largely on the adjusted Gross National Income for Japan. The German number includes the estimated share in the EC contribution and the US share is based on its position to contribute no more than 1/3 of the total resources contributed to the Fund. For more information on country-specific methodologies or more country specific asks, please contact Jacqueline Wittebrood/jw@icssupport.org

The focus of your advocacy should be on the replenishment for 2008-2010, holding donors accountable for their decision on GF size made at the 15th Board Meeting in April 2007 and their earlier commitment to launch and approve at least one new round of grants each year. This means ensuring greater pledges to meet the needs of the scaled-up response to the diseases.

You should urge your governments to:

1. **Commit** to reduce the global resource gap through bilateral and multilateral initiatives, as well as through establishment of timetables to achieve the targets of 0.7% of gross national product for official development assistance (ODA) by 2010;
2. **Recognize** that the global resource need to fight HIV/AIDS, tuberculosis and malaria is \$89 billion⁸ between 2008-2010, and therefore take measures to ensure that new and additional resources are made available to meet the need;
3. **Support** and strengthen existing financial mechanisms, including the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through provision of funds in a sustained manner, while continuing to develop innovative sources of financing, as well as pursuing other efforts, aimed at generating additional funds.

ACTION REQUIRED - FOR ADVOCATES AND ACTIVISTS NORTH AND SOUTH:

* Write to your Minister of Finance, Minister of Development, or Minister of Health (as appropriate), and to your President or Prime Minister. Tell them that you are concerned about the Fund's replenishment for 2008-2010. By investing 5 minutes of your valuable time to send a note to your relevant authority, you can make a difference.

* Ask for a meeting, bring to your Government's attention the accomplishments of the Global Fund and the need to contribute additional resources to sustain and scale-up the response to the pandemics.

* Share information with each other and with your delegations to the Global Fund Board about what your governments are thinking and planning as they prepare for the Replenishment meeting in Berlin late September.

8. MEDIA

USE THE MEDIA! The Global Fund has gained a lot of attention in print, broadcast and electronic media over the past few years. Identify local and national media outlets that may be interested in reporting on the 2008-2010 replenishment, and encourage them to cover it. Help them frame their stories, and suggest your advocacy colleagues from your country and from around the world as speakers for interviews.

⁸ Combined total from disease-specific estimates calculated by UNAIDS, Stop TB Partnership and Roll Back Malaria.

9. Useful Contact Information - The Need for Feedback

Developed Country NGO Delegation:

Asia Russell, Board member, USA, asia@healthgap.org
Anne-Marie Helland, Alternate Board member, Norway, anne-marie.helland@nca.no
Jacqueline Wittebrood, Communications Focal Point, The Netherlands, jw@icssupport.org

Developing Country NGO Delegation:

Elizabeth Mataka, Board member, Zambia, znan@zamnet.zm
Sisonke Msimang, Alternate Board member, South-Africa, SisonkeM@osisa.org
Cheick Tidiane Tall, Communications Focal Point, Senegal, cttall@africaso.net

Communities living with HIV, TB and affected by Malaria Delegation

Françoise Ndayishimiye, Board member, Burundi, fndayishimiye@cnilsburundi.org
Javier Hourcade Bellocq, Alternate Board member, Argentina, jhourcade@aidsalliance.org
Shaun Mellors, Communications Focal Point, UK, smellors@aidsalliance.org

These three Delegations are working together to promote the urgent resource mobilization for the Second Replenishment of the Global Fund for the years 2008-2010. We will be monitoring progress and feedback so that new messages and activities can be designed and shaped and shared with the global community.

For a list of Board members and the Delegations, go to:

www.theglobalfund.org/en/about/board/contact

Please give us feedback on advocacy messages and strategies. Are there messages and strategies you think that we should add? What messages and strategies are you using in your country? Please keep us informed of your effort by sending us a copy of your advocacy letter. Send your feedback to Jacqueline Wittebrood at jw@icssupport.org

Civil society analysis of top donors' fair shares of Global Fund financing

Together AIDS, malaria and tuberculosis kill nearly six million people every year, mostly in the world's poorest countries. Their impact is most acute in sub-Saharan Africa, where weak health systems and extreme poverty fuel the epidemics. This enormous and avoidable suffering and death caused by the three diseases exacerbates poverty, devastates families, and dramatically undermines economic development.

The international community has already pledged to reach universal access to HIV treatment and prevention, as well as the Millennium Development Goals (MDGs). In order to achieve these global targets, the Global Fund must dramatically expand its size. The funding needed for the three diseases, is estimated to be \$89 billion total for the period 2008-2010. Currently the Global Fund contributes two thirds of international funding for tuberculosis and malaria, and approximately 20% of global resources for HIV/AIDS. Maintaining that current level of funding would mean the Global Fund must grow to \$8 billion by 2010, so that the Fund does its share in reaching those international health and development goals.

The Global Fund business model is unique—it brings together all sectors in society; government, private sector and civil society. Countries themselves determine what the priorities are for Global Fund grant making. The principle of performance-based funding assures that money approved through the Global Fund is money well spent.

The Global Fund works. This has been proven and documented over the past five years since the Fund was established. During its short life, the Global Fund has funded programs that have already saved more than 1.8 million lives; providing antiretroviral treatment to more than 1 million people; distributing over 30 million bed nets; and treating 2.8 million new TB patients. Care and support has been provided for more than 1.2 million AIDS orphans and health systems overall have been strengthened by Global Fund program investments.⁹ There is no longer a reason to doubt the Fund's effectiveness. The Global Fund has the ability to play a major part of scaling up the global response, but this can only be done through a massive increase of available funds. These funds need to come NOW!

The Global Fund Board has agreed that the Fund should grow to a size of \$6-8 billion by 2010; reaching this target will require a major increase in the size and quality of demand for Global Fund resources by countries. Reaching this target will also require a massive expansion in contributions by all donors to the Global Fund. In particular, the top tier of donors, whose commitments represent approximately 75% of the Global Fund's overall funding, must increase their commitments. **Currently, no donor is doing enough to ensure that the Global Fund will achieve its target size.**

Scaling up to \$8 billion by 2010 will require a total of \$18 billion raised for the Global Fund over the next three years: 4 billion in 2008, \$6 billion in 2009, and \$8 billion in 2010.

The following is a summary of the contributions needed from some of the top government donors over the next three years, based on the highest targets Global Fund size and an estimate of donors' shares of global wealth.

Contributions needed over 2008-2010 from major government donors in millions of US dollars:

Canada \$900
Japan \$2,215
Norway \$270
France \$2,040
UK \$1,430
US \$6,000
Netherlands \$545
and Germany \$1,900¹⁰.

All donors to the Global Fund are expected to triple or quadruple their contributions.

⁹ http://www.theglobalfund.org/en/media_center/press/pr_070522.asp

¹⁰ National civil society campaigns have applied various methodologies to determine the fair share contribution for each donor. For example, Canadian civil society networks are calling on Canadian government to contribute to the Global Fund at a level equivalent to Canada's investment in other multilateral mechanisms—5% of the Fund's overall resource needs. In Japan, civil society has calculated their demand of the government based largely on the adjusted Gross National Income for Japan. The German number includes the estimated share in the EC contribution and the US share is based on its position to contribute no more than 1/3 of the total resources contributed to the Fund. For more information on country-specific methodologies or more country specific asks, please contact Jacqueline Wittebrood/jw@icssupport.org

Attachment 2

[this is a template for a press release that people can use in their in-country media work
– please add your own quotes and country perspective]

INTERNATIONAL CIVIL SOCIETY CALLS ON DONORS TO FULLY FUND THE GLOBAL FUND \$18 billion needed for fight against AIDS, tuberculosis and malaria

September 26-28, 2007 the second Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria will take place in Berlin, Germany, chaired by former UN Secretary-General Kofi Annan and hosted by the German Chancellor Angela Merkel. This meeting comes just three months after the heads of the eight richest countries met at the G8 Summit and pledged to support rapid expansion of the Global Fund to a size of US\$6-8 billion by 2010; the Berlin Replenishment will be the first real test of the seriousness of that pledge.

This meeting is a pivotal one in the history of the Global Fund, and a key indicator of whether we will continue to lag behind in our response to the three diseases, or that we get on track to reach universal access and the Millennium Development Goals in the coming years¹¹. Civil society is calling on donor countries to pledge \$18 billion over three years to the Global Fund, as the monies necessary for a comprehensive response to AIDS, tuberculosis and malaria. Total global resource needs for the three diseases are estimated to be \$89 billion for the period 2008-2010.

"We cannot turn our back on needless suffering and death. We know how fast the Global Fund needs to grow if we are to have any chance to achieve the Millennium Development Goals (MDGs). Every individual has the right to live and have access to prevention and treatment to keep them from dying of AIDS, TB or Malaria. The Global Fund works, but it cannot succeed without donors' assistance. It is up to donors to get us there. Anything else is an admission of failure on the MDGs." *Marco Gomes – member of the Communities Delegation to the Global Fund Board*

About 40 million people worldwide are infected with HIV. Only 2 million people are receiving life-saving medicines, while more than 7 million people need that treatment urgently. Multi-drug resistant TB is becoming a real global threat, while TB could easily be cured if treated properly. Malaria is a major killer of children, while those who survive miss schooling during the frequent sickness episodes which seriously affects their education.

The Global Fund, created in 2002 by the G8 to seriously confront the threats of AIDS, TB and malaria, has been very successful in its work. The model of the Global Fund involves all sectors in society (governments, civil society and the private sector) and countries themselves set the priorities. The principle of performance-based funding ensures that the Fund's money is well spent. So far, more than 1 million people have received antiretroviral treatment; 2.8 million new TB patients have been treated; and over 30 million bed nets have been distributed, especially to pregnant women and children. At the same time at least 1.2 million AIDS orphans have been supported and health systems have been strengthened overall by the investments done through the Fund's programs.¹²

Civil society demands their respective governments to come up with substantial pledges for the three year period during the replenishment in Berlin, for example (in millions of US dollars): Canada \$900, Japan \$2,215, Norway \$270, France \$2,040, UK \$1,430, US \$6,000, Netherlands \$545 and Germany \$1,900¹³. All donors are expected to triple or quadruple their contributions.

For more information please contact:
<name and organization> <telephone number>

¹¹ The international community committed itself to reaching Universal Access to AIDS prevention, treatment, care and support in 2010 and the Millennium Development Goals in 2015

¹² http://www.theglobalfund.org/en/media_center/press/pr_070522.asp

¹³ National civil society campaigns have applied various methodologies to determine the fair share contribution for each donor. For example, Canadian civil society networks are calling on Canadian government to contribute to the Global Fund at a level equivalent to Canada's investment in other multilateral mechanisms—5% of the Fund's overall resource needs. In Japan, civil society has calculated their demand of the government based largely on the adjusted Gross National Income for Japan. The German number includes the estimated share in the EC contribution and the US share is based on its position to contribute no more than 1/3 of the total resources contributed to the Fund. For more information on country-specific methodologies or more country specific asks, please contact Jacqueline Wittebrood/jw@icssupport.org

Attachment 3

[Sample Letter for advocates from the South for in-country campaigns - to send to the Embassy or Consulate of one of the donor governments in your country – see list below]

**A MESSAGE FROM CIVIL SOCIETY REPRESENTATIVES:
FULL FUNDING FOR THE GLOBAL FUND NOW!
To [insert name of leader of donor country]**

[date], 2007

Dear [name],

We are writing to you today to express the deep concern that we are losing the global struggle against AIDS, tuberculosis and malaria—because we lack the resources needed to mount a massive response to these killer diseases, which together account for more than 16.000 avoidable deaths each day. Estimates from UNAIDS, the Stop TB Partnership and the Roll Back Malaria Partnership show that more than \$89 billion is needed over the next three years to fully fund the fight against these three diseases.

In June 2006, all member states of the United Nations reaffirmed their commitment to implement fully the Declaration of Commitment on HIV/AIDS and to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, and in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases.¹⁴

And in June 2007 the G8 reaffirmed their commitment to continue to scale up their efforts towards the goal of universal access, the Millennium Development Goals for fighting HIV/AIDS, malaria and tuberculosis as well as strengthening of health systems by providing at least a projected US\$ 60 billion over the coming years. They noted the substantially increasing demand projected by the board of the Global Fund to Fight AIDS, TB and Malaria and agreed that the Global Fund continues to enjoy their full support. They promised to provide predictable, long-term additional funding in the ongoing replenishment round.¹⁵

September 27-28, the second Replenishment of the Global Fund is taking place in Berlin, chaired by former UN Secretary-General Kofi Annan and hosted by the German government. This meeting will be the first test of your commitment, and the commitment of other donors. During the Replenishment conference, donor governments are expected to announce new financial pledges for the period 2008-2010. Over the past years, the Global Fund has been providing for approximately two-thirds of total international funding for tuberculosis and malaria, and 20% of resources to fight HIV/AIDS. In order to continue to do so, it would need another \$18 billion to invest in programs over the next three years.

In our country, programs funded through the Global Fund have been saving lives through the provision of treatment, prevention, and care to communities in need. This Replenishment conference will mean the difference between life and death for countless people in my country, and around the world. In the 5 years since it was created, Global Fund programs have saved more than 1.8 million lives; more than 1 million people have received antiretroviral treatment for HIV, 2.8 million people have been treated with effective tuberculosis medication, 30 million insecticide-treated bed nets have been distributed to protect families from malaria and 1.2 million orphans have been provided with basic care and support through Global Fund grants.¹⁶

We call on you to pledge your fair share to the Global Fund at the Replenishment meeting in Berlin, to ensure that the Global Fund mobilizes the \$18 billion that is needed for the next three years. We expect that all donor governments, including yours, will honour their commitments and show at this Replenishment meeting that you are really serious about the Global Fund and about all the earlier commitments made by the international donor community – like Universal Access to AIDS treatment by 2010 and the Millennium Development Goals by 2015.

¹⁴ 2006 High-Level Meeting on AIDS, 31 May-2 June, United Nations, New York – from the Resolution adopted by the General Assembly, 60/262. Political Declaration on HIV/AIDS

¹⁵ G8 Summit June 2007 Heiligendamm, Germany – from the Chair's summary

¹⁶ http://www.theglobalfund.org/en/media_center/press/pr_070522.asp

We therefore appeal to you to strengthen the involvement of your government by highlighting the importance of the Global Fund in public statements and by making the appropriate financial commitment to fully fund the Global Fund for the next three years.

In solidarity,

[signatures]

[Please send this letter to the Embassy or Consulate of as many donor governments in your country as possible, addressed to its Head of State. Below you find a list of (top) donor countries and their leaders (we suggest you especially focus on the top ten).

List of top ten donors (including the G8 countries and their leaders):

USA – President George Bush (G8)
France – President Nicolas Sarkozy (G8)
UK – Prime Minister Gordon Brown (G8)
Japan – Prime Minister Shinzo Abe (G8)
Italy – President Romano Prodi (G8)
European Commission – President José Manuel Barroso
Germany – Chancellor Angela Merkel (G8)
Canada – Prime Minister Stephen Harper (G8)
Spain – President José Luis Rodríguez Zapatero
Netherlands – Prime Minister Jan-Peter Balkenende

List of other (major) donors:

Sweden – Prime Minister Fredrik Reinfeldt
Norway – Prime Minister Jens Stoltenberg
Ireland – President Mary McAleese
Russia – President Vladimir Poetin (also G8)
Australia – Prime Minister John Howard
Belgium – (not known yet)
Luxembourg – Prime Minister Jean-Claude Juncker
Switzerland - President of the Swiss Confederation Micheline Calmy-Rey]