The Global Health Fund: a global bluff

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Though expressing some serious doubts, Ruarì Brugha and Gill Walt in their article on the BMJ (2001; 323:152-154), conclude substantially approving the launch of a Global Health Fund at the G8 summit in Genoa last July.
They applaud the idea that – thanks to the Fund – Malaria, Tuberculosis and HIV "are finally receiving the degree of attention they deserve", recognise "goodwill and commitment" behind the G8-Annan initiative and consider "good governance" as the first step to be achieved.
Regarding governance of the fund, it is peculiar that the UN Secretary General himself in promoting the idea of a Global Fund underlined that it should be "governed by an independent board", and external to the UN "because I want it to attract others to join the fight".[1]
One may ask: Why an "independent" board to decide about the use of resources for public global health and not WHO which has the mandate and the legitimacy for it? Why shouldn't resources be collected and administered by existing UN organisations? Growing "external" interests are evidently pushing to delegitimate the UN system (though undoubtedly to be reformed in terms of democracy and efficiency) and to gain control of significant spaces of global governance, while the G8 governments – not willing to contrast those interests, and being in some cases their direct expression - seem to be supportive of a UN role reduced only to a forum for debate and advocacy, with relevant "global" decisions taken some where else. It is sad to realise that UN leaders themselves, accept or even promote that view. In any case, no UN representative would have legitimacy to represent members states collective interests, in a board where some of those countries autonomously represent themselves. Without considering that rich countries' view will already be strongly represented in the board by the World Bank, in whose hands will be also the management of the Fund. Do Brugha and Walt really think that "good governance" of the global fund may at all be possible with an evident conflict of interests determined by the presence of a representative of industry (including pharmaceutical, as it is stated in the G8 Presidency document)[2] sitting in a board which may decide about drug purchasing strategies?
About "goodwill and commitment", it is hardly to be found with: G8 countries' ODA at a poor 0.2% of their GNP, compared with the 0.7% target agreed upon since over two decades; a high probability that resources they will destine to the Global Fund will not at all be additional to existing flows and a declared initial commitment to the Global Fund of only US$ 200 millions per G8 country, where the minimum need to face HIV/AIDS alone is considered to be US$ 7 billions (UN estimates).
On the other side, there has been no commitment to correct macroeconomic factors that have been causing growing inequalities and avoid policies that may have secondary negative effects on health (as it has been the case with Structural Adjustment Programmes), whereas only such a preventive approach could ensure long term sustainability to any intervention.

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[1] Highlights from the noon briefing , by Manoel de Almeida e Silva, deputy spokesman for the Secretary-Generla of the United Nations UN Headquarters, New York, Thursday, May 17, 2001 (www.un.org/News/ossg/hilites.htm
[2] 2001 Presidency. Genoa Trust Fund for Health Care.

Finally the fact that three important communicable diseases receive specific attention (in the sense of earmarked resources, possibly even in competition with the existing “plethora of recent global public-private partnerships”), could just be another step to definitely abandon the idea that health “is not only absence of disease”, for a new era of vertical, undemocratic, unsustainable, centrally determined, donor and – now - profit driven programmes.