

Remarks by Michel Kazatchkine
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"Partnerships in health: lessons from multi-stakeholder initiatives"

Madame President:
Honourable Ministers:
Distinguished delegates:
Fellow panelists:
Dear colleagues and friends:

- Thank you very much for the opportunity to say a few words here today. I will limit myself to five brief points.
- **First:** Although it sometimes seems that we have been talking about the importance of partnerships in global health for many years now, they are actually something quite new.
- The global health partnerships represented on this panel - for AIDS, TB and malaria; for financing the fight against these three diseases, and for fistula – have come into being only in the last ten years.
- Indeed, they really represent a whole new way of thinking about public health.
- Until the 80s and 90s, public health was something undertaken for the collective good, but it was seldom a collective effort.
- Two things have happened to change the way we think and work.

- First of course, is globalization, and the rise of truly global epidemics. We now understand only too well that the three major killer diseases of the developing world - AIDS, TB and malaria - cannot be addressed by anyone acting alone, but require a global response.
- The second thing that we have learnt is that governments cannot fight epidemics alone.
- Access to AIDS treatment and care has only been achieved through an unprecedented, multisectoral mobilization of political leaders, governments, international organizations, academia, health practitioners, advocates, community-based organizations, faith-based groups, the private sector and, by no means least, affected communities and people living with the diseases themselves.
- It is really the AIDS movement that has changed the paradigm of public health from something that governments "protect", such as through quarantine [phon. *kworantine*] measures, to something that requires the engagement and cooperation of all sectors of society, such as we have learnt so clearly in HIV prevention.
- It is the AIDS movement has shown us that responses to virtually any major health challenge are most effective and durable if they are based on collaboration, rather than coercion.
- And it is the AIDS movement that has contributed strongly to the idea emerging only in this century that health products - such as antiretroviral treatment - are not ordinary commodities, but global public goods.

- The response to AIDS has certainly shaped the way that the Global Fund is structured and operates. Its Board includes both donor and implementing countries, the private sector, philanthropic foundations, NGOs from the north and south, and people living with the diseases: a governance model that is unique in development financing.
- Country Coordinating Mechanisms that develop proposals for Global Fund financing reflect a similar partnership approach. It is a model that recognizes that, while governments may often lead, other organizations - such as businesses and community organizations - have much to contribute: as advocates, in planning, resource mobilization and implementation. It is a model based on the belief that everyone's capacity must be harnessed if we are to tackle the major diseases effectively, addressing not just their clinical and medical impact, but their social and economic implications as well.
- So that is my first point: that partnerships in health are rather a new idea, based on the realization that the fight against disease requires new types of relationships based on shared responsibility and accountability.
- **My second point** is that partnerships are not without risk. For example, the founders of the Global Fund - which does not have any country offices - relied heavily on the assumption that partners in countries would play their part to support implementation of resources.
- That was a risk. Because partnerships are not just about clear divisions of labour or Memoranda of Understanding between parties. They are about everybody being prepared to surrender some of their power, share information and knowledge, set aside differences, and work towards a common goal.

- **My third point** is that partnerships are not always easy. They require work, time, attention and open communication. They involve finding consensus among different points of view. Sometimes they are frustrating. But a real commitment to partnership must be based on the conviction that such investments in time and effort are necessary and worthwhile for health interventions to be effective and sustainable
- **My fourth point** is that there are many partnerships yet to be tapped. If we are to maintain a dynamic and innovative movement in global health, if we are to weather the effects of the financial crisis, we should continually take advantage of new opportunities for collaboration. Innovative financing provides one such opportunity, but there are many others.
- **My fifth and final point** is simply to note that the Millennium Development Goals continue to provide us with an excellent framework for partnership, in health, and between the health and the broader development field.
- So, whenever we encounter challenges in our partnership work, as we inevitably do from time to time, the MDGs remind us powerfully of our common goals.
- With only 6 years to go to the 2015 deadline for the MDGs, and in the constrained economic environment in which we find ourselves, it has never been more important than it is today for us to make partnerships work in global health.
- Thank you very much.