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Partnerships in Health – Lessons from multi-stakeholder initiatives

**Madame President,
Excellencies,
Ladies and gentlemen,**

The prominent role of partnerships in the success of the AIDS response

It is a great pleasure to be back to ECOSOC. It was of course, the Economic and Social Council which established UNAIDS as a new area of international governance: to combat diseases that cross borders, through enhanced partnership.

Indeed, the establishment of UNAIDS and, more specifically, the fact that AIDS has been placed on all political agendas has compelled us - in one way or another - to ensure that the work to combat AIDS leads to results. To deliver results by optimising the partnership—engaging with civil society, the media, the private sector, UN agencies, as well as emerging non-traditional forces, that is communities of people infected and affected by HIV.

Our partnership has demonstrated that it is vital to produce results and to be effective. The experience of the AIDS response has illustrated that it is possible to fight against illness and to improve global health if we have politicians behind us. It has also demonstrated how the United Nations system can come together around a common cause. Communities and civil society have been at the heart of the global partnership for AIDS.

In partnership, and with grass roots support, politicians and national leaders have helped to break down the conspiracy of silence, which has been a significant factor in making progress against the epidemic. Such partnership has helped us build worldwide solidarity to mobilise resources. I remember 8-9 years ago there was hardly US 300 million to combat the AIDS pandemic; today we have 14 billion, just in the last year alone. This proves that solidarity between the North and the South has been mobilised effectively to produce results.

These results are visible and tangible. Just to give you some figures: thanks to this mobilisation, we have been able to put 3000 people on treatment every day—this has been possible with the support of Global Fund to Fight AIDS, TB and Malaria and innovative financing. We should remember that few years ago only 50,000 people were treated in Africa, and today there are more than 3,200,000 on treatment. So this shows that the global solidarity has produced results already.

But we still need to break the trajectory of the epidemic. In order to be able to do it, we must reinforce prevention. Currently, for every 2 new people put on treatment, there are 5 new infections. Maintaining a response under these circumstances is not sustainable.

Ingredients of good partnership practice: what have we learned?

We need to learn lessons from the AIDS response over the past 25 years, as we work to improve global public health. These lessons can be articulated around five major themes:

1. We need – without any doubt - to have nationalised responses, based on prioritised well-costed plans. This will oblige all partners, including donors, to align their resource to national priorities. We also need to ensure harmonisation, reduce duplication and ensure we produce results at lower cost.
2. Predictable and sustainable financing is of critical importance. It is impossible to transform the fight against disease, especially when they become complex globalised challenges, with budgets that span just two to three years. It is crucial to have long-term investment and planning, to help countries to transform their national response and make it more effective.
3. Progress is not possible without affordable commodities. Almost four million people are already on treatment, while six million more are waiting for it and we know that there are 22 million people infected with HIV in Africa. If we do not have a real debate on the price of drugs, most of those people will not have access to 2nd and 3rd line treatment. In Africa today we have about 94 percent of HIV positive people on treatment receiving outdated ARVs, with a risk of developing resistance and endangering peoples' lives. So the debate on trade is very important and AIDS has brought that debate to the forefront.
4. Health system and human resource capacity. AIDS has shown that we need to tap on non-conventional capacity, we need to mobilise all those on the ground who can expand health systems delivery, and make sure we reinforce the interface between providers of health care and communities by using the movement created by AIDS – the movement of millions of people who are changing the architecture of delivery system.
5. It is important not to ignore the debate on human rights. Vulnerable groups would never have had access to services and resources had the AIDS response not provoked this debate—and demanded an end to discrimination.

Partnerships for the future

For the future, I would like to say that it is time to take AIDS out of isolation, time to build a new movement—an “AIDS plus MDGs” movement. This can create new synergies among all partners and players, but also leverage AIDS resources to produce broader health and development outcomes.

I would like to stress that it is not acceptable that while the developed world has already virtually eliminated the vertical transmission of HIV from mothers to infants, there are more than 300,000 children still born with HIV every year in Africa. We need to build a new partnership to eliminate vertical transmission. Such a partnership will bring sexual and reproductive health, maternal and child health together with HIV, to create a new movement to transform the debate around global health and deliver results for people.

Thank you very much.

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