

Statement by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Plenary- Third International Conference on Financing for Development, Addis Ababa

Delivered by Miriam Maluwa, UNAIDS Country Director for Ethiopia 16 July 2015

Excellences, Ladies and Gentlemen, we applaud the adoption of the Addis Ababa Action Agenda as an outcome of this Third International Conference on Financing for Development.

You have recognized that ambitious SDGs demand ambitious financing and means of implementation. No target including Target 3.3. on ending the AIDS epidemic by 2030 can be achieved without ambition across the whole agenda.

We are committed to play our part in building on this leading into the September Summit and to implementing the post-2015 agenda.

On Tuesday, the UN Secretary-General announced that 15 million people are on life-saving HIV treatment and that the world has exceeded the AIDS targets of Millennium Development Goal 6.

The UNAIDS report entitled "How AIDS changed everything" launched by the UN Secretary General identifies 15 lessons from the AIDS response that can inform our approach to global health, human rights and sustainable development in the post-2015 context. Of particular relevance, financing for HIV has been a success story. Since 2000, US\$186 billion dollars have been invested cumulatively in AIDS in low- and middle-income countries and this year alone, US\$21.7 billion USD are available. Today, 57% of this financing comes from domestic sources (both public and private).

And countries are driving innovation in development and health financing. Botswana has introduced an alcoholic-drinks levy which now amounts to 45% of sales value. This not only deters excessive alcohol use, but also offers a viable source of funding to be spent on social programmes including HIV. Other countries are introducing other mechanisms including AIDS bonds, taxation of remittances& dormant funds, institution of HIV Trust Funds as well as integration of HIV financing into the longer term health care financing schemes.

These investments have produced results. We have achieved more and better results at lower unit costs. Between 2011 and 2014, global resources available for the AIDS response in low-and middle-income countries grew 11% while the number of people on antiretroviral treatment almost doubled.

Partnerships have made the AIDS story what it is and civil society has played a critical role. We must apply the 'civil society lesson' for post-2015 as it is only through a diverse multistakeholder partnerships that we will drive success. As we accelerate to end AIDS we must continually innovate. This means not only finding new financing approaches but also engaging new partners, including the private sector. We need to tap into those businesses willing to invest in interventions that produce positive social impact. The AIDS response and the private sector came together 10 years ago to radically reduce the cost of treatment – from US\$ 10,000 per

patient per year to US\$ 100 now. In the post-2015 agenda, private sources could raise significant funds to be used as concessional lending to countries who are willing to pay, but can't pay now.

But domestic resource mobilization and private sector engagement must not be a get-out clause for traditional donors. As the African Union roadmap on shared responsibility and global solidarity makes clear, global solidarity including in the form of ODA will continue to be needed, in particularly in the countries with low-income and high burden of disease, and those that have recently been reclassified as middle-income and are in the process of transition.

To end the AIDS epidemic by 2030, we will need to Fast Track the response by frontloading investments through 2020. As countries increasingly take on the financial burden, we call on donors to maintain, and where possible increase their support to the global response including support to the Global Fund. This is not the time to stop, the gains are fragile, unfinished and reversible..

The SDGs give us a mandate for integration. Ending AIDS can drive shared gains for global health, human rights and development. Using integrated approaches, including for financing and advocacy, must become core business post-2015.

Excellences, Ladies and Gentlemen, we have heard again and again at this conference and in the months preceding it that globally, we have the means to end the epidemics of AIDS, poverty, gender inequality and environmental degradation in a generation. But we will only do so if we *choose* to change. We need a coalition of the daring to do so. If not us, then who? If not now, then when? If not here, then where?

Thank you