

SPEECH

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AIDS Dependency Crisis: Sourcing African Solutions

Thank you for inviting me to be here with you at this timely moment. It is timely because we stand here in a moment of such promise. Africa is rising, and AIDS is in retreat. As my friend Ibrahim Mayaki has famously said, “Africa is the continent of the future.”

But our progress is fragile. It could be reversed—snatched away from us—in a year, or even less time.

Ten years ago, AIDS was transformed from an epidemic of fear and denial to a political issue that African leaders brought to the UN General Assembly. Leadership on AIDS in Africa has been sustained and strengthened thanks to many of you: Presidents Kagame, Goodluck Jonathan, Toure, Wade, and Zuma; Prime Minister Meles; and others in this room. Last year, President Bongo even brought AIDS back to the UN Security Council.

This is the only continent where national leaders have made progress on AIDS a defining legacy of your commitment to your own people.

Ten years ago, Senegal and Uganda were the only two success stories we had in Africa. Now 22 African countries have lowered the rate of new HIV infections by 25% or more. Today, more than 5 million people living with HIV in Africa are alive because they have access to treatment. The end of this tragic epidemic is finally within our reach.

Ten years ago, AIDS was the crisis in Africa that moved international donors to make the paradigm shift from millions to billions. It led to the creation of the Global Fund and the biggest scale-up of any health or development programme in the history of Africa. Today, over \$US 8 billion is spent every year on the AIDS response in Africa.

These are massive resources but they are still not enough to sustain the fragile gains we have made.

Why? The dilemma of dependency. Africa is too dependent on external resources, especially for the AIDS response.

Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.

In over half of African nations, more than 50% of the resources for treatment come from external sources. Over 4 million Africans depend on external donors for the medication they take every day to stay alive.

What if these funds run out? Where will millions of Africans turn to for hope and for life? This is a source of great risk and potential instability. The status quo cannot be sustained.

The global financial crisis has shown in cruel terms that external aid is the first thing some donors will cut when they need to protect themselves. Countries cannot plan and prioritize their AIDS response without pattern, without predictability, without sustainability.

Especially now, when donors are scaling back, we are clinging to a massively inefficient and unsustainable paradigm. It is time for a new development paradigm that is developed and owned by the leaders of Africa.

For the first time in history, global investments for HIV are declining. The Global Fund faces an unprecedented crisis, and has announced no new funding until at least 2014.

We must continue to fight for the Global Fund. It is an irreplaceable partner, and is essential to meeting the targets and commitments of the Political Declaration and the MDGs. But the health of millions of African cannot depend on decisions made in Geneva.

The treatment gap is growing wider and costs are rising quickly. Five million Africans are still waiting for ARVs. Every day, more people must move to costlier second-line treatments because they are developing resistance.

Meanwhile, we now know that putting people on treatment early can reduce the risk of transmission to a partner by 96%. This is a major opportunity to reduce new infections, and we cannot afford to miss it.

This highlights Africa's other dangerous dependency: medicines. The vast majority of HIV treatment drugs consumed in Africa are imported from generic manufacturers. Over 80% come from one country: India. This arrangement is unpredictable and unsustainable. Changes in markets and trade rules could move drugs out of the reach of people who depend on them.

Africa should produce its own high-quality, low-cost HIV medicines that can get from the lab to the marketplace quickly and are protected from counterfeiters. Only African leadership can make this happen.

In crisis lies opportunity for Africa.

I am confident Africa will be the source of new solutions to the outdated development cooperation paradigm. In doing so, the AIDS response will help Africa will reduce its overall external dependency on aid.

First, we must get quality-assured drugs sooner to the people who need them. Africa needs its own African Medicines Regulatory Agency. The AIDS response—with its successful history of patent and licensing advocacy—can be a catalyst.

Second, we need to establish centres of excellence for the local production of medicines in Africa.

Most importantly, we must decrease dependency by growing African investments. We are ready to work with you to mobilize innovative sources of domestic funding that can be owned and sustained by Africa.

There are many examples of this: Make more use of “soft loans” from African sources, like the African Development Bank. Tap into remittance flows from the African diaspora. Create public-private partnerships to bring African business into the funding picture. Create new, innovative taxes and levies, like a few cents from a mobile telephone call or a currency transaction. We can learn a lot from Zimbabwe and Kenya, who are already putting these mechanisms in place.

The poor and marginalized often face catastrophic health expenses. Countries should introduce more innovative social insurance schemes as a way to channel health and social spending more efficiently and fairly.

External aid is not going to disappear, and it should not. Instead, governments should negotiate more predictable, sustainable investments from international partners.

Your Excellencies, It is time for Africa to demonstrate that you are leading your response to AIDS to ultimately transform your response to development. It is tragic that 24 million people in Africa have lost their lives to this epidemic. But it is unacceptable that when we have the science, the medication and the resources available in Africa. It is unacceptable that we have people on this continent still getting infected with HIV and dying from AIDS.

It is time to demonstrate that countries can come together with a single purpose: Defining a new paradigm based on social realities and economic progress. A paradigm that centres on shared values, shared responsibility, and mutual accountability. A paradigm that will deliver a new, socially sustainable agenda that is written and owned by Africa.

NEPAD and the African Union are uniquely positioned to lead a lifesaving mission for African unity. To forge solutions for Africa, by Africa.

Thank you.

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UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.