



CHECK AGAINST DELIVERY.



Address by **Mark Malloch Brown**
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to
African Development Forum
"AIDS: The Greatest Leadership Challenge"

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It is a great honour to be joining you today to discuss what has rapidly become the single greatest challenge now facing Africa - the scourge of HIV/AIDS. It is everywhere. It stalks this hall. We have lost family and friends. Many of you are yourselves living with HIV and I want to pay tribute to your tremendous courage today. This is not other people's illness or problem. It is ours. Every African. Every person everywhere. We face a terrible epidemic. And we can only face it together.

Nearly two and a half million Africans -- mainly those in the most productive years of their lives -are expected to have died from AIDS this year alone. Ten times that number are living with HIV.

The implications go beyond simple life expectancy. As we are learning to our cost, AIDS is uniquely devastating in terms of creating and deepening poverty, reversing achievements in education, diverting meager health budgets away from other priorities, and putting a brake on economic growth.

In some countries, households that lose their breadwinners have seen incomes drop by 80% or more; two thirds of AIDS affected families in urban areas have been forced to cheaper housing in slum areas. Life expectancy is failing to levels not seen since the early 1960s and in countries from Zambia to Kenya, child mortality rates are expected to double. Just as devastating are the knock-on effects. In many areas teachers are dying at a faster rate than replacements can be trained. A substantial proportion of the millions of AIDS orphans are dropping out of school to care for their siblings and search for food.

And the overall impact is putting entire economies at risk. The GNP of Botswana, perhaps the worst afflicted country to date, is expected to be 38% smaller by the year 2021 than it would have been otherwise. And the implications for health, welfare and education -- all grimly detailed in the just released Botswana Human Development Report - are just as shocking.

In short, AIDS is reversing a generation of progress in human development and poverty reduction efforts. On current trends the disease risks completely derailing many of the key global development targets for 2015 -from halving world poverty to ensuring universal primary education -- that world leaders endorsed at the historic Millennium Summit.

Confronting the Challenge

So how can we confront a disaster of this magnitude? Until there is a cure, we must focus on what works. That means learning from each other, exchanging experiences and forming partnerships across all sectors of society -- from tiny community groups through to giant companies.

And it means building dynamic new networks through initiatives such as this conference to identify successes, learn from failures and help us reach those other key goals in the Millennium Declaration: to provide special assistance to children orphaned by HIV/AIDS and by 2015 have halted and begun to reverse the spread of this terrible disease.

But to do that, we must first address four crucial leadership challenges:

- First and most important, we need to break the silence once and for all: to alter permanently the norms, values, and traditions that are fuelling the epidemic, especially those that perpetuate gender inequalities and discrimination against those living with HIV and AIDS.

UNDP recently dedicated its annual Race Against Poverty Awards to individuals who embodied this challenge, risking personal injury, scorn and injustice to spread these messages. The same must now be done from classroom to clinic, from factory to football field until everybody, not just in Africa but in other parts of the world where AIDS is accelerating, has heard and understood that behaviour change is the best protection.

- Second, among the worst affected countries we need to ensure that the full power and authority of the state is brought to bear on the crisis. You know better than I do: This is not business as usual. We are not dealing with a health crisis but a national crisis. National AIDS plans, coordinated at the highest level of government and involving all relevant actors and institutions, are proving to be a particularly successful way to respond.

Several African governments, including Uganda, Malawi, Ethiopia, Botswana and Tanzania, have created a coordinating body reporting directly to the prime minister or presidents office to drive this process. And the early results have been very encouraging, helping kick-start the process of integrating AIDS issues into overall development plans.

Given its broad based social and economic effects, AIDS priorities and impact analysis now need to be fully integrated into all the macro-economic instruments that shape and prioritise public expenditure: Medium-term Expenditure Frameworks, public investment programmes, annual budgets, poverty reduction strategies and the like. Burkina Faso for example, is successfully incorporating AIDS priorities into its Poverty Reduction Strategy Paper with the support of UNAIDS and UNDP.

- Third, we need to scale up our efforts to mobilize adequate human and financial resources to effectively confront the epidemic. At one level, this means the international community need to do much more to help raise the estimated \$3bn a year needed for prevention and palliative treatments for up to half of those infected; and the billions beyond that required for anti-viral treatment that can only be met by external financing if national health priorities are not to be completely distorted.

At the same time, we must remember that -- as has been demonstrated in Uganda and Thailand -- the response to the epidemic only works when the government allocates adequate resources from its own budget for prevention and care.

I know this is a particularly difficult problem on a continent where annual health spending is often amounts to less than \$6 per person. But even under those constraints things can be done - at least in the preventive areas. And there are also new budgetary opportunities, such as ensuring that a portion of the resources being freed up by the on-going debt relief process, incorporate AIDS priorities.

Cameroon has already, for example, - with the assistance of UNDP and the World Bank - effectively incorporated AIDS into the HIPC process. The governments of Burkina Faso, and Mozambique, among others, are planning to use debt relief savings to finance AIDS programmes. And a number of countries are already successfully creating special budget lines for AIDS prevention and impact mitigation in all ministries at national, provincial and district levels.

- Fourth and finally we must acknowledge - and work to mitigate - the tremendous impact of the epidemic on the ability of governments to provide basic social services. Just as the pressures on state institutions to respond to this crisis are ratcheted up, their staff ranks are being decimated and budgets diverted from other priorities. We must join together in finding innovative ways of dealing with this, such as accelerated staff training and streamlined management processes that minimise the impact of increased absenteeism and death.

United Nations Support

You cannot and must not be expected to grapple with these unprecedented challenges, alone. The United Nations system through UNAIDS and the UN Development Group that I chair together with partners like the World Bank are here to help. And we must increasingly also draw on resources, skills and support of other partners, particularly the private sector, which -- for reasons ranging from insurance costs, staff retention and investor perceptions -- now has very strong bottom line incentives to help.

For our part at UNDP, we have singled out HIV/AIDS as one of our top corporate priorities around which we are focusing the new UNDP.

So we are redoubling our global advocacy role to try to raise awareness and resources, - and using innovative ways to do it, such as through our Race Against Poverty Campaign and pioneering Netaid.org website. We are also actively reorienting our global, regional and country programmes to help address this unique challenge. I have just created a new HIV/AIDS unit in New York.

UNDP's real comparative advantage in grappling with HIV/AIDS lies in helping build capacity to respond to the crisis while supporting the more direct work *of* our partners in UNAIDS. So we intend to expand our work in this broad area, drawing on our experience in Malawi and elsewhere to help draw up and then support implementation *of* the kind *of* multi-sectoral, strategic national action plans I mentioned earlier.

UNDP is also responsible for country level co-ordination through the Resident Co-ordinator System and the UN Theme Groups on HIV/AIDS. And, as requested by many governments, we are now helping to co-ordinate the increasing flows *of* aid resources as a result *of* the epidemic. Most important perhaps as a poverty and development agency - not a health agency - we can help take this battle beyond health ministries to the centre of national development priorities and strategies.

Finally we are seeking to leverage our skills and experience in South-South co-operation, drawing on our network of 136 country offices to help share knowledge, not just in Africa but across the world - to bring to bear the experience of relevant AIDS strategies. And as we do so there are powerful new tools available. We are, for example, working with Botswana to explore the potential of using Brazil's very successful experience in using information technology to help both spread AIDS awareness through the education system.

So amidst the despair, I think we have real reason to hope. Let us draw inspiration from the success stories and apply our resources, ingenuity and compassion. By helping all sectors of society and every community

the length and breadth of this continent take up the fight, we can not only meet these leadership challenges, but win this battle.

Thank you