

- **Mark Dybul, Global Fund Executive Director,**
- **Honorable Dr Ngozi-Onkonjo Iweala, Coordinating Minister of the Economy,**
- **Michael Van Dusen, Woodrow Wilson Center Executive Director,**
- **Our moderators, Dr Akudo and Steve MacDonald,**
- **Distinguished Guests,**
- **Ladies and Gentlemen,**

Good morning,

We are here because we decided to go the whole nine yards, in search of what can be done to free Africa of HIV, TB and Malaria.

- 70% of all HIV+ people are in Sub-Saharan Africa,
- 99% of reported Tuberculosis cases are also in Africa,
- The HIV prevalence rate among commercial sex workers in the world is 50-60%,
- 50% of patients suffering from multi-drug resistant Tuberculosis in the world die,
- The first killer of pregnant women and children under 5, in endemic areas, is a little bug that causes malaria.

This human toll is way to high for developing countries.

Since 2002, the Global Fund has travelled a long journey with us. Despite these lives that are at stake, great advancements have been made. Global Fund has disbursed 59% of all its funds to the African continent. I believe it has been one of the most effective mechanisms established to fight the “Big 3”. I trust my brothers and sisters from Africa, will agree with me that the Global Fund made the right investment, in the right continent.

I stand here wearing many hats, as board member of Friends of the Global Fund Africa, as Vice President of Organization of African First Ladies against HIV/AIDS and as commissioner of the UNAIDS and LANCET commission. However, I was requested to talk about what I know most, my country. Although I will talk mostly about Rwanda, I am sure the broader continent, shares similar progress. Back to Rwanda, where:

- New HIV infections have been reduced by 50% in the last decade;
- Mortality associated with HIV fell by almost 80%, the greatest reduction in the world from 2002-2012;

- 89% of patients suffering from malaria have prompt access and are able to correctly use, affordable and appropriate treatment;
- Malaria incidence declined by 74%, between 2005 and 2012;
- We established, without creating stigma, 4 quarantine sites, to counter the incidence of multi-drug resistance for Tuberculosis. Patients receive comprehensive care and the rate of healing is remarkable;
- 89% of Tuberculosis patients are successfully treated and
- Our population has universal access to health insurance.

**Ladies and Gentlemen,**

The beginning of our story as a country is a bleak one. We started at a very very low base; essentially, we had nothing. We were up against serious odds.

The Genocide against the Tutsi, left us with inconceivable losses.

Most of Rwanda's infrastructure for treating Tuberculosis was completely destroyed. Patients, who had been on treatment, became refugees and were unable to complete their therapy.

Thousands went undiagnosed and untreated. As a result, we faced a major burden of multidrug-resistant disease.

Similarly, supply chains for malaria diagnostics and treatment, were disrupted for years. Children went without treatment; Rwanda faced the highest child mortality rate in the world, for several years after the genocide. More than 1 in 4 children died, before their fifth birthday.

After all the fatalities we had incurred, we understood too well the value of every single, precious life. We decided to rapidly adopt and work with an “everything is a priority” mindset. A clear vision was put in place to guide us through this storm. The people who were to implement Rwanda’s vision, were the very same people at risk, either by being already infected by diseases, or at high risk to become infected.

We devised strategies and approaches that we believed would suitably serve our people. Due to the flexibility of the Global Fund, which allows countries to implement their national strategies, we were able to use the Global Fund to effectively achieve our overall vision.

As we speak, Rwanda is launching its 2013-2018 HIV national strategic plan. The government, civil society and other stakeholders, collectively assessed where we are, where we want to go and how we want to get there.

I would like to address just a few strategies and approaches we feel have yielded gains for us in Rwanda. They are *prevention, treatment, care, and impact mitigation*. Often, there is debate about the merits of prevention versus treatment versus mitigation. Rwanda's experience and results framework dictated, that we embrace a holistic approach, if we are to make a real difference.

### *Prevention*

Under prevention we have placed emphasis on Prevention of Mother To Child Transmission of HIV. Our HIV+ pregnant women and their children, have access to PMTCT services in 85% of our health facilities. It costs much less to offer an HIV positive woman, a full treatment regimen during pregnancy, than to cater for her infected children, for the rest of their lives.

Thanks to global solidarity Rwanda is on track for achieving MDGs 4 and 5, related to maternal and child health.

## Treatment and care

The number of HIV testing and treatment sites has increased significantly in the last 10 years, during which time 456 out of 502 health centers, were equipped to provide comprehensive HIV services.

Because of the success of PMTCT, we have managed to eliminate but not eradicate. Until the day we eradicate HIV, we need to be alert and active.

For malaria, as we approach the finishing line for the Millennium Development goals, we should remember the tiny little bug, that is the first killer of pregnant women and children under 5. If we do not control the bug, our gains will be reversed.

In Rwanda 95% of malaria cases are managed at community level. Community health workers are central to the effective functioning of our health system. Rwanda has 45,000 of them and as the name suggests, they intervene at community level. They are trained to administer treatment, care for, as well as educate the population on prevention of disease. Their crucial roles relieve limited health

personnel, at health facilities to concentrate on managing other health related matters.

For TB we are progressing, but we still have a long way to go. The fatal results the world is seeing due to multi-drug resistance, tuberculosis are even more dreadful. 50% death, despite treatment, should break everyone's heart.

### **Distinguished audience,**

The third strategy I would like to talk about is ***impact mitigation***. The first step in fighting disease is to know one's status. For this, we need people to muster the courage to be tested and receive treatment. This cannot happen as long as stigma continues to exist, as a barrier. Including HIV+ people at the heart of our societies, as dynamic individuals, is the only way we can progress and prosper as nations. Efforts in this regard, must be absolutely sustained.

There are certain groups that require special attention, to further control the epidemic. For example, commercial sex workers in Rwanda mostly comprised of young women looking for economic

opportunities. The HIV prevalence rate among them is 51%. This is just unacceptable.

We need to provide economic opportunities for young women and girls, to pull them out of the harsh snares of poverty. This is where education becomes paramount, as it is linked to economic independence and prosperity.

I was going to ask the question “What if we did not care?” But I shudder just imagining what the cost of inaction or indifference would be. We would not want to imagine a resurgence of the virus.

- Who would not wish to reach out to an HIV+ mother and save her baby?
- Who would not want to reach out to an orphan of HIV and protect her from poverty and disease?

We do not want to be thrown back into the pandemonium of 15 years ago, when people were dying every minute and we were powerless. The virus can haunt our children, your children.

The scientific community, just last month, published findings of an HIV strain in West Africa, one that is more aggressive. Instead of destroying one's immunity in 10 years, it does so in 5. This deadly virus poses a global risk; imagine a drug resistant virus that wanders through our schools, homes, and places of work with no boundaries or borders.

The support of the Global Fund is vital, until a time comes when we can take over. Our leaders are working diligently to be self-reliant in the near future, so that we can be capable of sustaining our people's health needs. With sustained financing from Global Fund, coupled with impressive economic growth in Africa, we are moving yet another step closer to our dream, of becoming a self-reliant people.

This 4<sup>th</sup> Global Fund replenishment is an important moment for all of us. Today, we have come a long way since the first case of HIV was discovered. We have made great advancements, since the time of desperation, when it seemed as though an epidemic would destroy our families, our countries, and our continent.

Pronounced solidarity has transpired among global partners. A deep commitment to refuse to let future generations share the

same fate, of too many of our friends, parents, brothers and sisters is visible.

Let me end my remarks, by extending my appreciation to the contributors of the Fund for having given a new lease on life to people, who thought they did not have a fighting chance.