

- **Your Excellency President Joyce Banda, Co-Chair of the UNAIDS and Lancet Commission,**
- **Ma Chere Soeur Sylvie Bongo, Premiere Dame du Gabon,**
- **UNAIDS Executive Director Michel Sidibe,**
- **Mark Dybul, Executive Director, Global Fund to Fight AIDS, TB and Malaria,**
- **Peter Piot, Co-Chair of the UNAIDS and Lancet Commission,**
- **Fellow commissioners,**
- **Distinguished ladies and gentlemen,**

I am pleased to be among leaders and visionaries in the HIV/AIDS field at the first UNAIDS and Lancet Commission gathering. I wish to thank Her Excellency President Joyce Banda for inviting me to be a part of this esteemed commission and for graciously hosting us in Lilongwe. Because we have a youth conference starting over the weekend in Kigali, I would have considered not coming this time and found an excuse had it just been Sidibe, but I could not decline an invitation, from a President, moreover a woman.

Today is approximately one generation after the first incident of HIV occurred; we are here to shape the debate on the future of global health. We have come a long way from a time of desperation, when we were sure this epidemic would destroy our families, our countries, our continent. But we are still here - through no coincidence or chance –rather, because people like you, medical professionals, activists, scientists, grandmothers who looked after children whose parents had died, people who care as well as many unsung heroes in our communities who put up a strong and steady fight. We could not have done it alone and so

here, I wish to recognize the global solidarity that transpired among partners in response to the threat. Together with the UN family, the Global Fund, PEPFAR to name a few, we have managed to curb the epidemic.

If you permit, I wish to share with you a little about the Rwandan experience, some of the lessons we have learned and the hopes we hold for the future. As a country, we have worked tirelessly to protect, care and advocate for children, mothers, families infected and affected by HIV/AIDS. Our national efforts have helped us:

- Reduce HIV prevalence 4 fold, that is 3%,
- Halve new HIV infections from about 20,000 in the year 2000 to around 10,000 infections in the year 2011,
- Increase 6 fold the trend in testing among young women - from about 10% in 2005 to almost 60% in 2010,
- Avail Prevention of Mother to Child transmission (PMTCT) services in 85% of all health facilities.

One of the novel strategies that helped Rwanda achieve the results I have just mentioned is community engagement and ownership. For example, we have 45,000 Community Health Workers nation-wide (3 per village) who sensitize and teach the community about HIV prevention, testing and adherence to treatment. In a broader sense, the community health workers (**CHWs**) also raise awareness

about nutrition, maternal and childcare, and provide general advice on health issues. They also ensure a continuum of interventions from the health facility to the community and help improve access to services for underserved populations.

**Ladies and Gentlemen,**

Achieving good progress can seem like a daunting task, maybe even *mission impossible*, but it is made easier with the right kind of leadership. There is a saying that “A leader is one who knows the way, goes the way, and shows the way.” (John Maxwell). We have seen the benefits of committed and deliberate leaders, who are dedicated to doing all they can to better the lives of citizens.

The theme of this meeting, which is: *to move from AIDS to sustainable health*, is aligned with our hopes for the future. If we can create sustainable health systems and a society with healthy people, then there is no limit to what we can achieve and how fast we can achieve it. As 2015 nears and with that, the close of the Millennium Development Goals, this is a critical time to be thinking about the challenges that still remain; perhaps the most pressing one is the issue of how to strengthen what we have built and make it more sustainable.

I would not be fair to my fellow sisters on the continent if I didn't mention the continental initiatives of OAFRA such as “Save the Unborn Child” under PMTCT and the “Treat every child as your own” campaign. With the “Treat every Child as

your own campaign”, we have understood that sometimes we need not go to the ends of the earth in search of solutions to our challenges. Our own cultures offer us wisdom that is applicable or can be tailored to manage different challenges. This campaign was introduced in 2004 to rekindle traditional African values to care and protect for the communities’ children.

We drew on our culture of collective responsibility for children and raised awareness among our communities to protect and speak out against adults infecting children with HIV/AIDS. Today - nine years later - this campaign stands out clearly in our citizens’ minds, as one of the effective efforts made in combating HIV/AIDS. I believe this is largely because the campaign was based on values that our people could easily relate to.

**Distinguished members of the audience,**

Progress has been made but the fact that we are gathered here means it is a real threat to our lives. We need to ask ourselves the difficult but necessary questions:

1. How can the HIV response continue to push global health in Africa using HIV as a platform to boost entire health systems?
2. How can we ensure sufficient economic growth to eventually wean ourselves off foreign support in the fight against HIV/AIDS? It will ensure that Mark Dybul spends less sleepless nights, trying to raise funds for the

replenishment of Global Fund.

3. Finally, what can we do to eliminate HIV once and for all?

These are open questions that certainly have multiple answers. Since we were required to stretch our imagination and think outside the box, let me attempt to give my 2 cents worth:

In the grand scheme of things, we can consider AIDS as an entry point for improving entire health systems. We should take advantage of resources available for HIV/AIDS, think long-term and reinforce our noticeably fragile infrastructure (services, systems, facilities and human resources).

It is true that we have managed to provide care and treatment to keep many HIV positive people alive; they are still immuno-compromised and are becoming increasingly susceptible to non-communicable diseases. We must be responsive and adapt to the changing nature of the disease. In order to do so, we urgently need to establish more sophisticated Human Resources for Health. Let me take the opportunity to appeal to leaders, policy makers to attract and retain skills (both for Africans and non-Africans).

Of course we need to be realistic - health care has a cost. One way to break the financial barrier is to provide universal access through health insurance. In Rwanda, we managed to ensure 98% of the population for the cost 3 local beers

(which is about \$5) per capita, per annum.

Last but not least, we in Africa need to get the science right, which means a clear focus on research and development. In order to advance the research and innovation agenda, we need to be at the forefront of the research frontier as key players. We must to establish strong regulatory systems, which will enable us to have the authority and authenticity to produce and create tools we need to further our progress.

Finally, ladies and gentlemen,

Africa should be ready! The worst is behind us. Now we know how to prevent, how to treat and how to care. We should move to the next step, and do it yesterday.

Thank you for your attention.