

**Remarks by
Dr. John O. Kakonge, UN Resident Coordinator
At the Opening program of the
National Representative Workshop on HIV/AIDS
Tuesday, 17 April 2001
Unity Conference Center, Virginia, Monrovia**

Mrs. Jewel Howard Taylor, First Lady of the Republic of Liberia

Honorable Peter Coleman, Minister of Health & Social Welfare

Honorable Superintendent of Montserrado County

Honorable Members of the Senate and Legislature

Honorable Members of the Judiciary

Honorable Cabinet Ministers and Officials of Government

Members of the Diplomatic Corps

Colleagues of the UN System in Liberia

Representatives of International and National NGOs

Representatives of Community-Based Organizations

Representatives of Civil Society Organizations

Representatives of the Private Sector

Distinguished Guests

Ladies and Gentlemen

On behalf of the UNAIDS Executive Director, Dr. Peter Piot, and on behalf of myself, I am delighted and honored to have the opportunity to make this presentation at this very important and timely National Representative Workshop on HIV/AIDS. Madam First Lady, I want to thank you for making time from your busy schedule to attend this important workshop, which is a demonstration of the importance you attach to the problem of HIV/AIDS. I also want to thank the organizers for this timely workshop, which aims to strategize on ways forward in the fight against HIV/AIDS. As you are all aware, HIV/AIDS is becoming a serious threat to Liberia. The protection and control of HIV/AIDS poses a formidable challenge to the leadership at all levels.

Madam First Lady

Let me start by highlighting the current status of the HIV/AIDS epidemic, which is one of the greatest threats to the global community in this new millennium.

Although HIV/AIDS has been with us through the 1980s and 90s, the scientific community has been unable to develop a cure or to contain its spread. AIDS now affects every country in the world, but Sub-Saharan Africa is the region most affected. It is estimated that one quarter of the population of Africa, some 150 million people have been personally affected by the HIV/AIDS epidemic. Over 22 million Africans are living with HIV or AIDS and at least 9 million Africans have already died of AIDS. In the last three years, 27 countries in Sub-Saharan Africa have seen their HIV infection rates double. In Botswana and Zimbabwe, the prevalence of HIV/AIDS among young adults has reached 25%. Furthermore, 40% of all pregnant women in these two countries are infected with HIV.

Unfortunately, in Africa and elsewhere, HIV/AIDS has often been seen purely as a health problem. However, there is now growing recognition that it is much more than this. It has, in fact, become the greatest threat to development in most of Sub-Saharan Africa. As Dr. Nafis Sadik, former Executive Director, UNFPA, noted, “those whom AIDS kills are workers and providers, mothers and daughters, young children, the sons and daughters of elderly parents; those who are educated and trained and those who are responsible for education and training in their turn...”. The loss of this and other vital human capital due to HIV/AIDS poses one of the most serious challenges to Africa’s development. Already, HIV/AIDS has almost wiped out many of the gains of development efforts over the past 40 years. It further threatens to mortgage the future, particularly in countries where up to 10% of the adult population is already infected.

Madam First Lady

HIV/AIDS impacts on national economic and social development in the following ways:

1. Health Care

The infections resulting from HIV/AIDS lead to a heavy demand for expensive health care. The increasing number of HIV positive patients threatens to overwhelm the health care delivery systems in many African countries, which are already stretched to their limits due to lack of resources. Former President Nelson Mandela predicted that by the year 2005, three quarters of South Africa's health budget would be consumed by direct health costs relating to HIV/AIDS. The World Bank reported that in Cote d'Ivoire, Zambia and Zimbabwe, HIV infected patients now occupy over 50% of hospital beds in urban areas. Treatment costs for HIV/AIDS are expected to account for a third or more of the health budgets of Ethiopia and Kenya in the next five years.

2. Education

Many trained teachers are infected and dying of HIV/AIDS. In Malawi and Zambia, for example, it is estimated that 30% of the qualified teachers are already infected. Despite considerable investments that have already been made in the education sector over the last forty years, The cost of training replacement teachers will demand further investment that will likely place a significant strain on limited resources. Millions of children, especially girls, from families affected with HIV/AIDS are withdrawn from school because they cannot pay their school fees or because they have to look after sick parents or relatives.

3. Agriculture

Agriculture is the backbone of most African countries and provides the highest level of employment. Many young infected adults often return to their villages when they become ill and the farmers, especially women, spend a large proportion of their time nursing them instead of farming. Moreover, farmers with HIV/AIDS are often too ill to work on the farm. The loss of labor, especially during the planting and harvesting seasons, reduces the size of the harvest and undermines domestic food security. Farmers often turn from cash crops to less labor-intensive food crops, which increases the need to import food and thus, has an impact on the country's economy.

4. Family and household level activities

At the household level, the effect of HIV/AIDS is immediate and often catastrophic. Illness or death as a result of HIV/AIDS decreases the family's manpower to undertake economic activities, resulting in economic loss and increased poverty. Many rural households affected by AIDS experience a significant decrease in their agricultural output, which in turn affects their income. In Cote d'Ivoire, for example, the average income for a family with HIV/AIDS reduced by more than 50%, their food consumption reduced by 41%, the money available for schooling was halved whilst health care costs rose by 400%.

5. The Private Sector

In many countries in the world, the HIV/AIDS epidemic is affecting the workforce, markets and overall business climate. For example, studies in Africa reveal that companies are losing up to 20% percent of their profits due to costs associated with HIV/AIDS. Some of these costs include absenteeism due to HIV/AIDS, the recruitment and training of replacement employees and a decrease in productivity.

All in all, HIV/AIDS is a potential threat to economic growth. The death of young people from HIV/AIDS represents a loss of investment in human capital formation and erodes the skills base for economic growth. Resources identified for productive economic activities and social services are diverted to meet the costs of treating HIV/AIDS. The World Bank estimates that countries with high HIV prevalence rate will lose one percent of GDP growth per capita annually. In Kenya, for example, the cumulative loss in GDP is expected to be 15% over the next decade. Economists have predicted that the world economic impact of HIV/AIDS could be as high as the equivalent to 4 percent of the GDP of the United States or the entire economy of India.

Madam First Lady

We have painted a depressing picture regarding the state of the HIV/AIDS epidemic and its effect on social and economic development. However, there are best practices in some countries on the significant strides being made in addressing the prevention and control of HIV/AIDS. These include the following:

- Uganda

Uganda is constantly hailed as an African success story in combating HIV/AIDS. Although, in 1984, the President Museveni thought AIDS had nothing to do with his country, he soon realized the reality that Uganda was at high risk. In finding ways to address the issue, he drew inspiration from tradition, which states that “when a lion comes into your village, you must raise the alarm loudly”. The President did just that by raising significant awareness at all levels of society on HIV/AIDS. He realized that the best channel for raising alarm are the political leaders, using political rallies to pass on the important message. Churches and mosques were also encouraged to raise awareness among their congregations. Schools were asked to pass on the message during school assemblies. In addition, radio was used, putting out messages in the different vernaculars to reach as many of the population as possible. The AIDS awareness was also facilitated by the deliberate empowerment of women, putting women at the highest level of leadership (Uganda’s Vice President is a woman). In addition, Uganda has introduced a policy of non-discrimination of people with AIDS, as well as free education to ease the burden of poor families, especially where AIDS has affected the breadwinners in the family.

- Botswana

In Botswana, the Head of State, who is also the Chair of the National AIDS Council, declared the AIDS situation in the country a state of emergency and emphasized the prevention of HIV/AIDS as a development priority. He has also demonstrated his sincere commitment by allocating a significant proportion of the national budget to HIV/AIDS to support, among others, the implementation of National Operational Plan, the prevention of mother-to-child transmission, the provision of home-based care and the National AIDS Coordinating Agency.

- Senegal

In Senegal, the government has engaged the highest religious authorities in the fight against HIV/AIDS. Two conferences on HIV/AIDS were held; one attended by 260 senior Islamic leaders and the other attended by every Christian bishop in Senegal. The

result of both of these conferences was a consensus that AIDS prevention was an important national activity that should be supported by the religious community. The Islamic leaders began supporting the rights of people living with AIDS, including the use of condoms to prevent HIV from spreading within marriage. AIDS became a regular topic in mosques and senior religious leaders addressed the issue of television and radio. The Christian churches started providing counseling and psychosocial support. The moral support for AIDS prevention given by religious leaders allowed secular and health authorities to work productively in providing education and specific HIV prevention services.

- Zimbabwe

The Zambezi Valley Organic Cotton Project was set up to offer a number of benefits to farming families whose productive capacity has been undermined by AIDS. Many AIDS widows who joined the project have benefited from the lower inputs costs and lower labor requirements than traditional cotton cultivation. The project is successfully selling organic cotton and several other organic crops both locally and for export.

- Kenya

In Kenya, the Mathare Youth Sports Association (MYSA) has brought together young people, community leaders and the private sector to fight the HIV epidemic by providing the necessary life skills and awareness to fortify young people against HIV. The Sports Association, which was the largest football organization in Africa in 1998, has been training its footballers to be peer educators about HIV. These peer educators talk about the problems of boy-girl relations, in particular as they relate to sexual activity. They provide information and improve communication skills 00 goal of changing values and attitudes and strengthen peer support, all of which have helped to reduce vulnerability to HIV risk behavior.

Madam First Lady

We can see from the best practices cited above that all is not lost. It is possible to make a difference and fight against the epidemic. These best practices highlight the following

ways in which African countries, including Liberia, through partnership at all levels, can reduce the spread, and hence the effect, of HIV/AIDS.

- Official recognition of HIV/AIDS as a problem is the first step towards addressing it. There needs to be strong awareness raising at all levels of society about the threat that HIV/AIDS poses to the future of families, communities and nations.
- More resources need to be mobilized for HIV/AIDS prevention, treatment and mitigation. This includes committing a larger percentage of domestic public funds to AIDS, and also redirecting to AIDS resources that are not currently being used to fight the epidemic.
- AIDS needs to be made a top priority of governments. A strong HIV/AIDS response is a development imperative, not an option. For example, in Botswana, a nationwide plan for combating AIDS has been launched with 80% of the funding coming from within the country.
- Governments need to develop a national AIDS programme that includes meaningful activities in all sector ministries.
- Finally, and most importantly, a strong partnership needs to be developed between all actors, government, business, international organizations, NGOs and local people. The challenge of AIDS can be overcome if we work together in a caring partnership.

Madam First Lady

In conclusion, I want to end by emphasizing that HIV/AIDS is a security, economic, political and social issue, which if not addressed, will devastate the entire African continent. The time to act is NOW. We need to rise up, accept the challenge and take positive actions before it is too late.

Thank you.