

Statement by H.E. Ellen Johnson Sirleaf
President Republic of Liberia and
Chair of the African Leaders Malaria Alliance (ALMA)
At the United Nations Secretary-General's *Every Woman Every Child Dinner*
The Museum of Modern Art, New York
Tuesday, September 25, 2012

Mr. Secretary-General;

Excellencies;

Development Partners;

Distinguished Guests;

Ladies and Gentleman:

It is a pleasure to be here this evening to mark the tremendous progress on maternal, newborn and child health across the world, and to announce new commitments for The Big Push to 2015 and beyond.

I also applaud you, Mr. Secretary-General, for this robust and affirming response to the request by Heads of State and Government of the African Leaders Malaria Alliance (ALMA), to convene key stakeholders and financing leaders to address the gap in funding for malaria, HIV/AIDS and tuberculosis, and for maternal, newborn and child health.

I speak on behalf of the 44 ALMA Heads of State and Government. As the world begins discussions on the post-2015 development framework, African leaders understand that we have a three-year window to leverage every resource to ensure that we achieve the health goals for our people and to develop plans to sustain the gains.

In the coming months, the High-Level Panel, which I have the honor to co-Chair with Prime Minister Cameron and President Yudhoyono, will lay the groundwork for a global post-2015 agenda with shared responsibilities for all countries and with the fight against poverty and for sustainable development

at its core. This new agenda must build on the successes that will have been achieved during the MDG era.

There has been unprecedented success in scaling up malaria control, with a 33 percent decrease in malaria deaths in Africa over the last decade. However, the current global funding crisis threatens this progress and the achievement of the health MDGs – Goals 4, 5 and 6. Our national malaria control programs have completed comprehensive programmatic and financial gap analyses, detailing a \$3.7 billion gap in the finances needed to sustain universal coverage of essential malaria interventions to the end of 2015 in Africa.

Over the summer, African leaders rallied and decided that we will be at the forefront of The Big Push to 2015. We therefore decided that it was important to:

1. Call upon our bilateral, private sector, NGO, CBO, foundation and development bank partners to keep their commitments to global health. They have done a great job thus far, but more is needed because the whole world benefits when our people thrive.
2. Ensure value for money across all aspects of prevention and treatment. This means full transparency and accountability and realizing efficiencies wherever they can be found. ALMA has worked, over the past year, with the Clinton Health Access Initiative (CHAI) to model sustained financing plans and to look at financial management best practices. We support the roll-out of procurement efficiencies, such as pooled procurement, standardization of net specifications and local manufacture of anti-malarial commodities. By doing so, we can save hundreds of millions of dollars. Uganda, for example, saved \$17 million by standardizing mosquito net specifications and opting for pooled procurement.
3. Increase domestic resources from the public and private sectors, key elements of The Big Push to 2015 and beyond. African leaders have committed to allocate 15 percent of public sector funds to health. In 2011, fourteen countries increased their commitments and four others achieved this Abuja target. Further, there are excellent examples of private sector engagement in this room tonight, and we look to them to

boost their health support efforts. Among ALMA member countries, Zambia has shown us a tremendous example, recently announcing a 45 percent increase in domestic spending on health – an announcement that will increase their spending to a level above and beyond the 15.7 percent of public funds they spent on health in 2011.

4. We will leave no stone unturned in ensuring that we expand access to prevention and treatment and sustain the fragile gains made to date. We are keen to enroll more countries in financing initiatives such as UNITAID's airline tax, which has raised over \$2 billion for HIV/AIDS, tuberculosis and malaria. We are also looking for other innovative ways. Indeed, my colleague, President Mahamadou Issoufou of Niger, has our support in pursuing the creation of a tax on financial transactions to fund health across Africa.

We will work simultaneously with our partners – among them, the African Development Bank, the Global Fund, the UN Economic Commission for Africa, the World Bank, the UK's Department for International Development, France and the U.S. President's Malaria Initiative (PMI) – to build sustainable funding plans and ensure quality financial management. This will include priority setting and accountability for results. We will update you regularly, Mr. Secretary-General, on our progress.

Interested stakeholders will be able to track our work and progress through the ALMA Scorecard for Accountability and Action, which is easily accessible on the ALMA website and through the innovative ALMA app for iPad.

Mr. Secretary-General, colleagues, captains of industry, MDG advocates, heads of foundations, NGOs and CBOs, Ambassadors, and dear friends:

We are at a critical stage in our common fight against poverty, disease and ill health. The enormous gains that we have made over the past decade are threatened by a global financial crisis. If we give up now, it will mean an even longer recovery as the African continent, a strong growth area for the global economy, is plunged back into reduced productivity and instability – a recipe for more disease and suffering.

On behalf of every citizen of Africa, we thank all of you for walking this difficult path with us, and urge you not to turn back, but rather to stay the course. A Big Push is required, and we, ALMA member countries, are putting our shoulder to the wheel. We re-commit to The Big Push, and we invite you to join us in this noble undertaking.