INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES DELEGATION TO THE UNITED NATIONS, NEW YORK
800 Second Avenue
Suite 355, 3rd Floor
New York, NY 10017
Tel: (212) 338-0161 Fax: (212) 338-9832
E-mail: ifrcny@un.int

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PLENARY

Item 45
High-level Meeting on HIV/AIDS
Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of commitment on HIV/AIDS

THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES (IFRC)

Statement by
Mr. Shimelis Adugna
Vice-President

Check against delivery

New York, 1st June 2006

Mr President,

As we are meeting in the aftermath of the recent earthquake in Indonesia let me on behalf of the International Federation of Red Cross and Red Crescent Societies (IFRC) express our sympathy to the people and Government of Indonesia, who for a second time in 18 months, have been subjected to a disaster with loss of life and livelihoods. With the support and generous response of the international community we are doing our utmost to assist survivors and to encourage them to rebuild their livelihoods.

We are gathered here to review the implementation of our commitment in the fight against HIV/AIDS against the targets and the timelines we committed to five years ago. We consider this a learning and sharing experience of an honest assessment of our performance, so that we may strengthen our resolve to act more vigorously on our common declaration.

The International Federation of Red Cross and Red Crescent Societies (IFRC) has tried to keep the promises it made at the 2001 Special Session. Five years ago, our HIV/AIDS activities were rather limited. Since, we have scaled up our work ten times over, and increased quality through evidence-based programming. We have:

- formed partnerships with people living with HIV in most parts of the world where our member Societies are active,
- created the Masambo Fund to provide anti-retroviral treatment to staff and volunteers,
- hosted the project to create the Code of Good Practice for NGOs responding to HIV/AIDS,
- scaled up harm reduction work including needle exchange for injecting drug users,
- campaigned in 128 countries against HIV-related stigma and discrimination as a UNAIDS Collaborating Centre, and
- provided two alternate Board members for the Global Fund to Fight AIDS, TB, and Malaria (GFATM).

If you recall the IFRC's relatively low level of involvement in HIV/AIDS work prior to the year 2000, it must be acknowledged that this is evidence of our serious commitment. It has prepared the ground to do better with our volunteers, the "power of humanity," volunteers dedicated to the point of paying the supreme price to save lives.

We highlight our efforts to do better and to translate into action our promise, but we have also tried to give a critical look at our performance by willingly subjecting ourselves to an external evaluation of our activities and by making the evaluation public. We were able to see ourselves as others see us and have realised that there are areas for improvement. In line with the recommendations of the evaluation we are engaged in dialogue and are charting better approaches to achieving our objectives to contribute substantially to the collective effort of all of us. To guide this consolidated drive, our Secretary General is in the process of appointing a Special Representative on HIV/AIDS.

Mr President,

We were pleased to take an active part in the debates at the World Health Assembly recently. We highlighted the attention we hope governments and others will give to the crucial part volunteers play in complementing the formal health sector. Even in the most developed countries, where formal health systems are well structured and financed, the work of volunteers is an indispensable component. Investment in volunteer recruitment, training and support returns great dividends - dividends that are all the more critical in countries stricken by a shortage of trained human resources, which is exacerbated as a result of HIV/AIDS.

The IFRC has an agreement with WHO under which governments and Red Cross and Red Crescent Societies are encouraged to set up national partnerships around health programs. Unfortunately, this has yet to be widely operationalised. Even countries with Global Fund grants too often fail to channel these funds to community-level initiatives, though this could be done easily through the existing infrastructure of local Red Cross or Red Crescent Societies or appropriate NGOs. Here we would like to highlight an example of best practice, and express our appreciation for the generous support provided by the Government of Iceland, which today announced an allocation of $300,000 to the Iceland Red Cross to

advance its HIV/AIDS work in partnership with the IFRC, as pledged during the 28th International Conference of Red Cross and Red Crescent Societies. We would wish that other Governments that had pledged support at the Conference would also follow through with demonstrable action.

Home-based care is another area where partnership with National Red Cross and Red Crescent Societies, PLHAS and CBOS can provide better results. Our belief is that no one organisation, not even a network like ours with over 90 million volunteers, can do everything itself. The same applies to governments, which is why national planning involving stakeholders like our National Societies and other humanitarian organisations, is so important. We hope that one of the results of this Session will be an understanding that the work of the future shall be in true partnership with civil society and humanitarian organisations.

Another area which has attracted a great deal of attention is the plight of children orphaned by HIV/AIDS. Even now, in 2006, far too many African children, 11 million, are orphaned and more yet are likely to be orphaned due to AIDS, even though treatment that can keep their parents alive is available. To improve treatment delivery, the IFRC developed eight training modules to prepare home-based care volunteers for their role in anti-retroviral treatment support. We and our National Societies take a holistic approach to treatment support, as we seek to address nutrition, water and sanitation, HIV prevention, treatment literacy, self care skills, and other efforts to empower PLHIV. The modules have been developed in collaboration with WHO and SafAIDS, to fill a real gap in knowledge at the community level about living with anti-retroviral therapy.

This is an issue at all levels, but our special focus is on marginalised and vulnerable communities. We call for recognition that special efforts are needed to mobilise and empower those communities if universal access is not to be the latest broken promise. It is not enough to simply label people as difficult to reach. As we have seen with polio and SARS failure to address the health needs of any one community leaves us all at risk.

Mr President,

To move from failure to success in the global AIDS response, the IFRC proposes three concrete actions to be taken by Governments. First, Governments should ensure that the GFATM round 6 is fully funded, and that the GFATM is able to maintain its commitments and offer a new funding round every year. This must be matched by recipient countries, and should involve civil society as respected partners in national responses.

Secondly, Governments should help develop and implement accountability mechanisms for all. Accountability in the NGO response can be supported through financial commitments to a phase two of the Code of Good Practice for NGOs responding to HIV. Accountability can also be greatly enhanced if those making commitments measure their own results, whether from time to time via evaluations, or on a regular and more consistent basis through national planning in partnership with Red Cross and Red Crescent Societies and PLHIV.

Thirdly, Governments should consider funding the development and maintenance of Red Cross/Red Crescent volunteer networks in each country when they are engaged in government HIV-related activities. Governments should also recognise that PLHIV are a key human resource, that their networks should be developed at the national level, and that their voices should be heard and their actions considered at regional and global levels. Despite all that has been said, and despite repeated commitments to initiatives like GIPA, PLHIV networks are not much stronger today than they were 15 years ago.

This brings me to my final but vital point. Marginalisation and stigma is still a major impediment to real progress, and one which must be corrected by each and every one of us before we reconvene to report on the implementation of the political commitments we make today.

Thank you, Mr. President.