

The Role of Partnerships in Achieving the Post-2015 Development Agenda: Making It Happen

President Clinton's Remarks May 28, 2015

United Nations, New York

Thank you very much President Sajdik.

Right before you invited me you probably saw the young man whispering to me that you have to go to the podium.

I think when you get older people think that if you stand up you'll speak more clearly.
(LAUGHTER)

But I am delighted to be here.

I wanted to first thank you Mr. President and Deputy Secretary-General for your work and for inviting me.

I believe this is the fifth time I have appeared before ECOSOC in the last decade for the purposes which the President has outlined.

I want to thank my close friend and colleague Dr. Paul Farmer and Dr. Dahn from Liberia, Mr. Lahmah from Guinea, and Ms. Rahman from Sierra Leone who will be on the panel, as well as others I will mention in a moment.

You are considering the role of partnerships in developing the successors to the Millennium Development Goals, and you have given those of us who have been involved in some form or fashion in dealing with the Ebola crisis the opportunity to speak about what that means in practical terms.

I am very grateful for that.

I have been working with Liberia for many years, principally on healthcare but not entirely, and was there earlier this month, just a few days before the country was declared Ebola free. And as a result of the fact that I was there a few days before I had to go through all the protocols for daily monitoring of symptoms, and you can all relax because this morning I am officially Ebola free. (LAUGHTER)

Our friends in West Africa have survived a fate that most people could never imagine.

They have lost thousands of loved ones, their robust economic growth rate built upon years of hard work has been reversed, communities have been torn apart not only by disease but still sadly by stigma against people who survived because their neighbors and friends have never experienced anything like this before, it is going to take them some time to understand

that the people who survived are safe, and belong in their homes, belong in their communities, and belong in the future of their countries.

They have been forced to shut down schools and other basic services.

They struggle to hold their basic health infrastructure together, it was fragile already before the outbreak and now it is in worse shape, not only opening the prospect that future diseases spread quickly but also undermining the ability to deal with basic things that are important to not only the Millennium Development Goals but to the successors like maternal and child health.

The leaders of Liberia, Sierra Leone and Guinea and the ministers of health, who we will hear from in a few moments, the UN, the WHO and all the multilateral organizations who have played a response in the Ebola crisis along with the donor nations, many business, many African leaders from governments and philanthropy all stepped up to try to help in the aftermath of Ebola.

As well as NGO partners like Partners In Health, Doctors Without Borders, Last Mile Health and the Clinton Health Access initiative. They were on the ground during the fight and many of them put their lives at risk and no small number lost their lives trying to deal with this epidemic.

I am particularly grateful to the Governments of Norway, the United Kingdom, and to the EHMA Foundation for supporting the work that our health access initiative has been doing in Liberia.

It is an example of the kind of partnerships that we should be fostering in the future.

When I was there not long ago we had a meeting with President Sirleaf, Dr. Dahn, other Liberian officials, representatives of multilaterals and NGOs to talk about how to shift the emergency response to investing in a healthcare system that is well staffed with thousands more community health workers that will prevent future outbreaks and improve overall health and productivity.

I think this work can be done throughout West Africa and indeed across the continent.

The message we heard from the Liberians was clear.

It was the same that I've heard from dozens of other governments and citizens of countries in which our foundation has worked: help us build the health systems.

Help us be more self-reliant, less dependent on aid, better able to provide healthcare.

We can hardly be surprised by the severity of the outbreak when on the day before the outbreak Guinea had one health worker for every 1,600 inhabitants, Liberia one for every 3,472, Sierra Leone 1 for every 5,319.

How would the health outcomes of each of our countries be if, like Liberia, we had one physician for every 71,000 people?

That would be the equivalent of having 23 doctors for all of Manhattan.

The older I get the more I am convinced that I use 23 doctors. (LAUGHTER)

We're laughing but it is a very serious matter.

For those of us who take our healthcare for granted we literally cannot imagine the staggering burden of such severely limited resources.

So my basic message is this: more than anything else, though these countries have terrible economic problems, they have to pursue all these things that need to be done, (inaudible), they have to repair the damage that was lost.

They have to have health systems, or we will be back here four or five years from now dealing with the same sort problem, if not in these countries than in some other country. It is the most economically sensible thing to do. Now each of these countries has generated a two to three year plan that outlines their needs and priorities. They presented them at the World Bank. Liberia requested I think \$1.3 billion; Sierra Leone \$1.06 billion; Guinea \$2.9 billion.

The government of Liberia has also specifically outlined a seven-year plan to strengthen the healthcare workforce at a local cost of \$165 million with \$23 million for the first year and \$30 million for the second.

Now if you just run the numbers in your head really quickly that means that if we the donor community were to set aside about 15 percent of any relief over the next three to seven years to strengthening health systems, you wouldn't have to worry about this problem, and I will give you more examples in a moment, but I think it is very, very important.

I also know recently that these countries have been told that money is tight and you should give us an 18-month plan.

I think that is a mistake.

Even if the governments don't know exactly where the money is going, Dr. Farmer's office here at the UN tracks the donors aid and maybe is the only person still doing that; he is mad about that since he expects people to keep their word.

I think it is important to not discourage these three countries from presenting multi-year plans.

And I think it is important to recognize that within these multi-years plans that they have had the courage to give priority to building their own health systems so they can save the lives of their own people, and in a few minutes I will try to give more examples of how it would work.

First let me say to the donor nations, that if you make these investments it will save you a lot of money over the long run.

It will save you the money that you would spend on future infectious disease outbreaks, on all the other things that are maybe superficially unrelated to Ebola but are in fact correlated with healthcare including worker productivity and the ability of children to attend schools.

They will help nations to become more self-sufficient, which after all is what all of us want for each of our communities and countries.

So I am hopeful that all the donor governments here present will consider making a pledge in July to strengthen the health systems and human resources in West Africa.

When I was given the opportunity to address this body in 2009, I mentioned that throughout my career in politics usually only two things were debated: what are you going to do and how much money are you going to spend on it.

In the world I inhabit now where resources are always limited, no matter how generous, we spend a lot of time talking about how are you going to do whatever you do to achieve your desired objective. The great contribution that the best NGOs have made to the public interests all over the world in the last few years is the ability not only to stand in the gap between what governments can provide and multilaterals can provide and what the private sector can produce, but also how to focus on the how question, not a political question, not a philosophical question but a practical question.

I have found that almost always the best way to answer the how question is through partnerships that involve all the major stakeholders.

The Deputy Secretary-General mentioned a few moments ago that we live in a troubled world.

Well, a lot of good things are happening in this troubled world.

They just don't make the headlines because they are not about war and conflict; they are about cooperation and progress.

The world no longer worries so much about conflicts between nation states, although to be sure there is still some of (inaudible) but between state actors and non-state actors, between people who favor cooperation and those who favor conflict; those who favor inclusion and those who demand exclusion.

And one of the reasons there are so many refugees all over the world is that ordinary people are voting with their feet.

They favor cooperation over conflict, they favor inclusion over exclusion, they think violence and theft are way overrated, and they long for the demands of an ordinary life where people are rewarded for doing the right thing when they get up every day.

That is the great struggle of the 21st century world, and so what we know, what ECOSOC was organized to advance in the beginning is that when people work together across all lines of society and all areas of expertise they can make good things happen, and we now know that those things will not happen unless there are money, time, material, knowledge and skills contributed by governments, business, philanthropists and NGOs.

Many hands do lighten the load.

And the best projects are often those that have a diverse group of partners that have the explicit purpose of empowering their host nations, to one day not need them anymore because they can handle their own affairs.

Some of you may know that our health access initiative—CHAI—has supported a remarkable program undertaken by the Rwandan government to address a critical shortage of health care workers in that country.

Dr. Farmer and Partners In Health and we worked together to rebuild hospitals in every region of the country that were all destroyed during the genocide, and then to make sure they were staffed and properly functioning. There is even a cancer center in the Rwandan hospital of Butaro near the Ugandan border, which is the best place in that part of Africa to get cancer care.

But the country had no systems, so we came up with a program that now involves—this is an unbelievable story—it involves 23 partners including ten medical schools, six nursing schools, three dental schools, the Yale School of Health management and a number of distinguished hospitals, and they are working to train an entire national workforce over a multi-year period and they are funded by PEPFAR, and they are only charging seven percent overhead total.

Nothing like this has ever been seen.

I am pretty sure they are losing money, but they're doing it to make the point that over the long run, the health of the world depends on people being able to take care of themselves and in some ways it is the most exciting project we're involved in now, and that is what Dr. Farmer and Partners In Health are trying to do in Haiti.

I hope he shows you a picture of a remarkable health achievement in Haiti recently.

But this Rwandan thing, PEPFAR funded it and we raised money from other sources; the Clinton Health Initiative did our part to help put it together.

This should be done everywhere. We've done work like this on a less comprehensive basis in Zambia, Kenya, Ethiopia, and several other countries, but when you hear this next panel and the panelists including, they're up there, Dr. Fauci, Jeffrey Wright, Gary Cohen, Dr. Atun and Dr. Moeti talk about the importance of partnership, remember that is what they are talking about

The whole idea is that non-governmental organizations that work with other stakeholders are supposed to figure out how to do things faster, better and at a lower cost.

And if we do that then others can come in and scale up the work, it is a work as I said driven by impact not ideology. But because there is no picture that is heart breaking of someone dying or no fight, it is easy to not fund them. So I would say again if you want these sorts of partnerships you have to set aside about 15 percent of the (relief) money that is going to go to these countries to build their health systems, and if you can't fund what they have asked then it ought to be more than 15 percent because what they want and deserve is the ability to stand on their own. You know that intelligence and the willingness to work are evenly distributed throughout the world and opportunity isn't. You have to empower people to take over this unless you want to deal with future epidemics.

This is a general problem by the way. The same thing is true with hunger and liberating small (inaudible) farmers. I can give you 50 examples, but it is most urgent in this context so I hope that you will first exalt partnerships, remind people that many hands lighten the load, try to figure out how to bring people together who have traditionally not worked together, and tell people what we are doing so they understand the modern world is going to be built or brought down by whether we choose inclusive partnerships over exclusive conflicts.

Some things that are second nature in the non-governmental world are unfamiliar to others, I know that. But it is immensely rewarding to me to see how totally free of ideology this work is. The Health Access Initiative for example received support from center left governments and center right governments, and when the governments change they keep working with us but only if they think we are performing, but the purpose is for all of us to be out of the story.

We are all trying to work ourselves out of the job.

If you look at the progress in health to meet the Millennium Development Goals then at least two examples exceed them.

It is clear that it will not be able to happen without a massive infusion of government money, of the international organizations such as the Global Fund, PEPFAR and others, and big foundations like the Gates Foundations and others but it is also clear that it would not have happened if it hadn't (inaudible) for NGOs on the ground building up capacity of countries to save the lives of mothers and babies and others; we have dramatically reduced the number of people dying from TB and malaria, halved the amount of people without access to clean water, seen an exponential scale up of people receiving antivirals.

When I started this work there were only 200,000 people in developing countries receiving ARVs. Today there are more than 14 million.

About just under 10 million are getting them at very low cost on contracts negotiated by our health access initiative. But we don't touch the money.

The money goes to the governments to build the capacity of local governments to do proper purchasing, proper monitoring, proper distribution.

Those are the kind of things that we need to be reinforcing in the aftermath of the Ebola crisis.

It is not enough to get to zero, we got to stay at zero cases of Ebola.

That will require long-term investment and broad-based partnerships and the willingness to set aside a clear definite route to building the systems of the countries affected and if you do it you can take these three countries plus what is happening in Rwanda and do it in every other developing county in the world that needs the same thing, it is the one clear way we can work ourselves out of this healthcare job.

There will always be natural disasters we have to deal with but in a fundamental way this was a man-made disaster.

If you look at what happened in Nigeria where with one case and they visited 19,000 homes in five weeks because they had a system in place when Ebola reared its head.

A lot of Americans were infected but none of them died because they were brought to America and we have the capacity to do this.

We did lose two people from other countries who came and were too sick for us to bring them back but the things we take for granted which are not present elsewhere are the things I believe we should focus our partnerships on.

So yes we believe in partnerships, yes we believe in sustainable development goals that can only be reached through broad-based partnerships.

There is no better place to prove the point than in the Ebola affected countries, no better way to spend the money than to give them the capacity they need to make sure this never happens again, and ultimately not to need any kind of assistance from outside except in the case of unavoidable natural disasters.

Thank you very much.