

Remarks by H.E. President Ellen Johnson Sirleaf
At the National AIDS Commission Board of Directors Meeting
C. Cecil Dennis, Jr. Auditorium
April 28, 2015

Members of the Board

Honourable Members of the Legislature

Honourable Ministers

UN and Bilateral Partners

Representatives of People Living with HIV

Representatives of Civil Society Organizations

Members of the Press

Fellow Liberians

Distinguished Ladies and Gentlemen.

I warmly welcome you once again to the National AIDS Commission Board Meeting. The Government of Liberia appreciates your support to the national AIDS response. I will like to recognize the presence of the following colleagues who are joining us for the very first time.

1. Ms. Awa Ndiaye Seck, Country Representative of UN Women, Liberia who is joining us for the first time. She comes to us with over 30 years experience in the areas of gender equality, governance, conflict prevention, peace building, decentralization, and electoral processes.
2. WHO Country Representative?
3. UNFPA Country Representative?

I take this opportunity to also welcome Dr. Bernice Dahn, the Minister designate for Health, who will take over from Dr. Walter Gwenigale as the co-Chair of the NAC Board. On behalf of the NAC Board, I will like to thank Dr Gwenigale for his years of dedicated service and his personal commitment that have contributed to the establishment and effective functioning of the National AIDS Commission (NAC).

Distinguished Ladies and Gentlemen:

You will recall that at our last Board Meeting, the Commission sought our approval to develop a new evidence-informed national AIDS strategic plan that is aligned to the Agenda for Transformation. I am happy to announce that in spite of the challenges posed by the Ebola epidemic, the Commission has successfully develop a new National HIV Strategic Plan to guide the implementation and management of the national HIV and AIDS response from 2015-2020. I congratulate the Commission and its partners for this great effort.

It must be noted that this new National HIV Strategic Plan will guide all future funding of the national response, both domestically and from our development partners. I have been informed that the Global Fund for AIDS, Tuberculosis and Malaria has committed over forty million United States Dollars (\$40 million) to support the implementation of the National HIV Strategic Plan over the next three years. For this reason, consultations are being conducted in all 15 Counties and with key populations to agree on critical priorities for the Global Fund support. I am hopeful that the National AIDS Commission, in collaboration with its partners, will work conscientiously to complete the HIV Grant Concept Note by the July 15, 2015 deadline.

Under the New Funding Model, the Global Fund requires countries to contribute counterpart funding of not less than five percent (5%) of total funds allocated. It is therefore imperative for the National AIDS Commission and its Board to develop innovative strategies to increase domestic financing of the national HIV response and mobilize the resources required to enable the Country to access the Global Fund resources. We must take advantage of the resources, capacities and investments made during the Ebola outbreak to strengthen our health and community systems to mitigate the spread and impact of HIV on our people.

Once again, I congratulate the National AIDS Control Programme for ensuring that people living with HIV continued to receive antiretroviral drugs even at the peak of the Ebola outbreak. We remain thankful to all our health workers who in diverse ways contributed to the containment of the Ebola epidemic in the Country.

Together, we have proven that we can end Ebola and tackle many other developmental challenges affecting our Nation if we remain steadfast and maintain the unity of purpose exhibited during the Ebola crisis.

Together, we can “end AIDS by 2030” as advocated by United Nations and our global partners. To achieve this in Liberia we must use the new National Strategic plan as a tool to operationalize the new 90-90-90 target set by UNAIDS. We must ensure that 90 percent of all Liberians infected by HIV know their HIV status; 90 percent of those who know their HIV status are put on treatment; and finally, we must ensure that the 90 percent on treatment have suppressed viral load.

I urge you all to commit yourselves to these ideals and collectively work together to reduce new HIV infections and AIDS related deaths in an environment that is free of stigma and discrimination in Liberia.

Together we can “End HIV” in the post 2015 era; and the time to act is now.