

September 6, 2010

**WELCOME ADDRESS**  
**BY**  
**HON. RUDYARD SPENCER**  
**MINISTER OF HEALTH**  
**AT THE**  
**GLOBAL FUND'S CCM/RCM REGIONAL WORKSHOP**

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Salutations

I thank Global Fund for organizing this workshop for Country Coordinating Mechanisms (CCMs) and Regional Coordinating Mechanisms (RCMs).

The workshop is timely given the need to increase aid effectiveness and the recent introduction of new grant architecture by Global Fund.

The 2010 IMF World Economic Outlook indicates that there are fiscal fragilities in the world economy that is still in recovery mode from a most devastating global financial crisis.

The cold reality for emerging as well as advanced economies is that the room for policy maneuvers has become severely restricted. In this current environment, countries such as Jamaica face the prospect of large increases in poverty and joblessness and a reduction in real expenditure in the social sector.

It is clear, that the fiscal challenges have resulted in an even greater reliance on donor funding to give these countries and their peoples a fighting chance to face down disease, poverty and hopelessness. The CCMs and RCMs must therefore seek to strengthen their own capacities to carry their oversight responsibilities and ensure compliance to Global Fund Board requirements.

Our regional and country mechanisms must place their role within the broader context of improving the quality of lives of the peoples in the CARICOM Community and the specific mandate of the Council for Human and Social Development (COHSOD) to improve the health of the Caribbean Region. There must also be an appreciation for the commitment of this Region to achieve the UN Millennium Declaration.

We want to be mindful that Eight Hundred and Twenty Thousand (820,000) persons in the Latin American and Caribbean Region are in need of anti-retroviral treatment. The Caribbean has the highest HIV prevalence rate in the world after sub-Saharan Africa.

Malaria continues to be a public health threat of significance in the Region and many countries in the Latin America and Caribbean Region continue to experience fairly high levels of incidence rate of tuberculosis.

These three diseases pose significant risk to human development and the achievement of human security for the peoples of the Region.

When one considers that approximately 25% of the population of 559 million lives on less than US\$2 a day, it is abundantly clear that the disease burden has the potential to undermine the Region's ability to eradicate extreme poverty and hunger.

Although Jamaica has made admirable progress in halting the spread of HIV/AIDS and reducing related mortality rate, we cannot be comfortable unless we are seeing consistent annual declines in the prevalent rate. There is room for much greater improvement in ARV coverage and in eliminating stigma and discrimination against persons living with the disease.

If we really desire to see marked and sustained improvement in prevention, treatment and care we must concentrate our efforts on strengthening health systems.

An integrated programme with prevention, treatment, care and support, community involvement and empowerment, improvements to the health infrastructure including our laboratory capacity and monitoring and evaluation are some specific areas that require immediate and consistent focus.

The public health sector has a significant outlay of 24 public hospitals and 330 health centres with over 1.6 million visits annually. We can capitalize on this to increase screening and testing by making use of every opportunity to screen and test in the public health sector.

Our focus must be to find the more than 18,000 infected persons who do not know their status, push ARV treatment for infants up to 100% and have HIV/AIDS information available at 100% of our public health facilities. There is also need to strengthen our use of communications technologies to reach the youth population with our messages.

Much more can be achieved through intersectoral collaboration. There are certain factors that are driving the epidemic that are outside of the control of the Ministry of Health. Therefore, we must expand our partnerships beyond the public sector to reach people and communities that are hard to reach.

Our culture, stigma, and discrimination have isolated at risk groups such as men who have sex with men and sex workers.

The widespread practice of multiple sex partners, insufficient condom use, early initiation of sexual activity, limited life-skills and sex education and gender in-equity are some challenges that we must overcome as a society.

Jamaica cannot go it alone. We need the continued support of the international and donor community to sustain the gains that we have made in combating HIV/AIDS, tuberculosis and malaria.

International donors must move beyond the sterile categorization of upper and lower middle income countries to determine eligibility for grant funding. The wider Latin American and Caribbean Region is struggling in an environment of fiscal crisis, which, if not taken into consideration by the donor community will lead to the greatest humanitarian disaster ever experienced by this side of the globe.

Our country is grateful for the US\$26M that has been approved by Global Fund for the next three years. It cannot be the last such approval because everything that Global Fund has worked for in this country would be at risk of being eroded.

I know that I speak for my CARICOM partners and colleagues from the Latin American countries; the battle is not yet won and our great fighting partner, Global Fund, cannot abandon us and leave the battle field.

There is too much at stake.

I thank you.