

CANADA'S ROLE IN FINANCING THE GLOBAL RESPONSE TO HIV AND AIDS

A Submission to the House of Commons Standing Committee on Finance Consultations on Budget 2016 February 2016

INTRODUCTION

As a coalition of approximately 100 AIDS service organizations (ASOs), non-governmental organizations (NGOs), faith-based organizations, educational institutions and labour unions, the Interagency Coalition on AIDS and Development (ICAD) provides leadership in the response of Canadian international development organizations and Canadian HIV organizations in reducing the impact of the global HIV and AIDS epidemic.

We are at a critical juncture in a time when it comes to curbing the HIV epidemic and addressing related development challenges. The Sustainable Development Goals (SDGs) have been ushered in, providing ambitious targets for the global community to address a range of development challenges. UNAIDS has put forward a global Fast-Track target of reducing HIV infections to less than half a million per year by 2020. Impressive gains have been made in improving treatment access for people living with HIV. Global talks now speak to universal access and universal health coverage, yet 18 million people are still awaiting access to antiretroviral treatment (ART), and still for every 2 people put on treatment, 5 become infected¹.

While tremendous gains have been made in addressing HIV at home and around the world, much remains to be done. The 8th International AIDS Society Conference in Vancouver, British Columbia (19-22 July, 2015) highlighted many success stories from around the global community with some of the greatest advances coming from Africa. Yet, conference reports illustrate room for improvement in Canada's domestic HIV and AIDS response. Canada has no national estimates of engagement in HIV testing and care, more commonly known as the "treatment cascade"². As representative of the country, British Columbia, which has provincial estimates, shows Canada falling well behind much of Western Europe and some low and middle-income countries³.

In order for Canada to successfully achieve global targets of 90-90-90 by 2020 (90% of all people living with HIV will know their status, 90% of all people with diagnosed HIV infection will receive sustained ART, 90% of all people receiving ART will have undetectable viral load)⁴ Canada must increase its investment in HIV prevention, care, treatment and support. This investment must include research and innovation for high-priority health technologies as well as addressing related determinants of health

¹ UNAIDS. (2014). **The Gap Report**.

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf

² CATIE. **The HIV Treatment Cascade**. <http://www.catie.ca/en/hiv-canada/8/8-2/8-2-1/8-2-1-1>

³ CATIE. **Changing the Narrative: Why HIV prevention work in Canada needs to embrace HIV treatment**.

<http://www.catie.ca/en/pif/spring-2015/changing-narrative-why-hiv-prevention-work-canada-needs-embrace-hiv-treatment>

⁴ UNAIDS (2014). **Fast-Track: Ending the AIDS epidemic by 2030**.

http://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report

CANADA'S ROLE IN FINANCING THE GLOBAL RESPONSE TO HIV AND AIDS

including poverty, food insecurity and gender inequality. Canada must also address the health and social inequalities that persist among Canada's Aboriginal peoples and racialized communities.

As a coalition of Canadian organizations and individuals, we know that although the work needing to be done at home can be at times overwhelming, Canadians are committed to their global responsibilities and to contributing a fair share of Canada's wealth to advancing health and well being around the world. This is a unique moment in time to truly make a difference in the lives of the world's poorest people.

In order to curb the HIV epidemic and work towards the attainment of the Sustainable Development Goals, we are requesting investment in four key areas: the domestic HIV response, global HIV prevention research efforts; the Global Fund to Fight AIDS, TB and Malaria, and Overseas Development Assistance

1. INVESTING IN THE HIV-RESPONSE WITHIN CANADA

At the end of 2011, an estimated total of 71,300 (58,6000- 84,000) people in Canada were living with HIV infection (including AIDS), which represents an increase of about 11 percent from the 2008 estimate. With adequate care, treatment and support, people living with HIV can lead long and productive lives. Federal initiatives are required to support communities in delivering timely and culturally competent prevention, care, treatment and support programs and services. This is particularly critical as rates of infection among key at-risk populations continue to increase in countries around the world, including Canada, despite the encouraging advances made globally in curbing the HIV trajectory. Increased investment by Canada is vital in closing the gap between people who have access to HIV prevention, treatment, care and support services and people who are being left behind, including: people living with HIV who are need of access to HIV services, young people, people who inject drugs, sex workers, gay men and other men who have sex with men, transgender people, Aboriginal People, prison populations, people from countries where HIV is endemic, and people aged 50 years and older.

While HIV prevention, care, treatment and support programs are required across the country and across different populations, particular attention should be paid to investing in health and social service infrastructure for Aboriginal populations across Canada. Aboriginal people experienced HIV at rates about 3.5 times higher than other Canadians in 2011. Even though the Aboriginal population only represented 4.3 percent of the general Canadian population, Aboriginal people represented about 9 percent of all people living with HIV and AIDS, and about 12.2 percent of new HIV and AIDS cases diagnosed in Canada in 2011. Aboriginal people are also diagnosed at a younger age than other Canadians. The Aboriginal population is more vulnerable to contracting HIV and AIDS because of a variety of factors and social determinants of health. These determinants of health include poverty, housing and homelessness, early childhood development, physical environments, access to health services, support networks and social environments, gender, violence, and for this population in particular, racism and the multigenerational effects of colonialism and the residential school system.

Another population requiring particular attention is newcomers to Canada. As immigration patterns shift in Canada, so too do the needs of service providers across the country. For instance, people from countries where HIV is endemic (over 90 percent of whom are from Africa and the Caribbean) continue to be over- represented in Canada's HIV epidemic. The estimated new infection rate among individuals from countries where HIV is endemic is about 8.5 times higher than among other Canadians. Ontario and Quebec have the largest proportion of individuals who originate from countries where HIV is

CANADA'S ROLE IN FINANCING THE GLOBAL RESPONSE TO HIV AND AIDS

endemic, representing 4.5 % and 2.1 % of the provincial populations respectively. As immigration and internal migration to Canada's Eastern and Western provinces increase, service providers across the country require adequate resources and training to provide culturally competent HIV prevention, care, treatment and support services appropriate to all newcomers to Canada. Support is required for both local initiatives as well as national initiatives that enable service providers to share resources, expertise and best practices.

Recommendation 1: That the Government of Canada invests in addressing HIV and the determinants of health within Canada, with special focus on the most vulnerable populations.

2. INVESTING IN RESEARCH AND DEVELOPMENT OF MICROBICIDES AND VACCINES FOR HIV PREVENTION

We know that it is in Canada's best interest—both domestically and internationally—to continue to invest in disease prevention efforts, which will save lives and money in the long term and increase productivity by reducing the incidence of HIV. There is an urgent need for new female-initiated HIV prevention options, including microbicides and vaccines. Prevention methods such as condoms and abstinence are not always realistic options for women, especially those who are married, who want to have children or who are at risk of sexual violence.

There have been great advances in HIV-prevention research in recent years. Consistent and correct use of daily Truvada as pre-exposure prophylaxis (PrEP) has been proven to be a highly effective and safe strategy to reduce the risk of the sexual transmission of HIV. There is also a critical need for ongoing research in to the development of additional prevention technologies (NPTs). Canada has been a strong supporter of the development of NPTs. From 2005 to 2009, Canada contributed \$30 million to the International Partnership for Microbicides (IPM), and between 2000 and 2009 contributed \$82 million to the International AIDS Vaccine Initiative (IAVI).

Surprisingly, Canadian funding for IPM and IAVI came to an end in March 2009 and has yet to be renewed. After making such significant investments to the global research effort through support of IPM and IAVI, it would be discouraging as a lost opportunity if Canada chose to remain on the sidelines at this crucial time when exciting and promising research into microbicides and vaccines progresses. We urge Canada to renew its contribution to international research institutions that have proven track records and the capacity to pool global resources—financial, technological and scientific. It is critical to the search for new HIV prevention technologies and to ensuring access to these technologies once they are found safe and effective, that global initiatives be adequately and consistently resourced, and that wealthy nations, including Canada, share in this global responsibility.

Recommendation 2: That the Government of Canada invests in global HIV research efforts through funding of the International Partnership for Microbicides and the International AIDS Vaccine Initiative

3. FUNDING CANADA'S FAIR SHARE OF THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA

The Global Fund is an international financing institution that mobilizes and disburses resources to countries to support programming that prevents, treats, and cares for people living with and affected by HIV and AIDS, TB and malaria. Providing the greatest value for highest impact, the Global Fund estimates

CANADA'S ROLE IN FINANCING THE GLOBAL RESPONSE TO HIV AND AIDS

that every USD \$100 million contributed saves up to 60,000 lives, averts up to 2.3 million infections of the three diseases combined, and spurs USD \$2.2 billion in long-term economic gains.

The successes of the Global Fund to Fight AIDS, TB and Malaria have been well documented –13.7 million lives saved by programs for HIV, TB and malaria from 2002 to the end of 2013, 8.1 million people on anti-retroviral treatment, 13.2 million people on anti-tuberculosis treatment, and 548 million anti-malaria bed nets distributed. The Global Fund is a partnership between governments, civil society, the private sector and affected communities, which is often referred to as the “gold standard” for international health financing.

Canada has been a committed supporter of The Global Fund since its inception in 2002, with contributions to date totaling CAD \$2.1 billion. Canada demonstrated its support for this model of funding by committing \$650 million dollars at the last replenishment, representing a 20 percent increase in its contribution to the Global Fund for the 2014-2016 period. We urge Canada to continue its strong leadership in addressing the three diseases amongst the most vulnerable and supporting this unique and effective model through a minimum of an additional 20 percent increase in its contribution during the 2016 Global Fund Replenishment.

Recommendation 3: That the Government of Canada commit to a minimum 20 percent increase in its contribution during the 2016 Global Fund Replenishment.

4. INCREASING INVESTMENT IN OVERSEAS DEVELOPMENT ASSISTANCE AND SETTING A TIMETABLE OF PREDICTABLE INCREASES

In June 2005, all parties in the Canadian Parliament endorsed the goal of reaching Overseas Development Assistance (ODA) as 0.7% of Canada's gross national income (GNI) over the next ten years. Unfortunately, Canada's overseas development assistance (ODA) has been shrinking from 0.34 percent of Gross National Income (GNI) in 2010/11 to 0.26 percent of GNI in 2014/15. Meanwhile, the international assistance envelope (IAE) – a more accurate measure of our real programmatic aid commitments to reducing poverty in developing countries – has remained flat-lined.

In order to contribute its fair share to the advancement of the Sustainable Development Goals globally, Canada must reverse recent funding cuts and get back on track towards setting a multi-year timetable to realizing the 0.7 percent target of GNI. Based on expectations around current spending and growth patterns, the Canadian Council on International Cooperation (CCIC) estimates that committing to a ten-year timetable for increasing our IAE would entail year-on-year increases over the next four years of \$726 mn in 2016-17, \$840 mn in 2017-18, \$971 mn in 2018-19, and \$1,124 mn by 2019-20. This would achieve the medium-term goal of raising Canada's ODA to GNI ratio to at least 0.38 – the highest level in 25 years – by the end of the Government's first mandate.

Recommendation 4: That the Government of Canada should announce a ten-year timetable of predictable increases to the IAE, with the target of meeting the long-established, internationally-agreed target of 0.7 percent of GNI going to ODA, and realizing the Sustainable Development Goals.

CANADA'S ROLE IN FINANCING THE GLOBAL RESPONSE TO HIV AND AIDS

CONCLUDING STATEMENT

While much progress has been made in addressing HIV and AIDS in recent years, the global community risks losing these gains if the necessary investments are not sustained and increased. This is not the time to reduce or cut back funding in these vital areas. Curbing the epidemic requires true global collaboration. Canada has demonstrated global leadership before and must do so once again by living up to the international commitments it has made, and continuing to support the global initiatives that have proven their capacity to pool resources and contribute effectively to the response to HIV/AIDS. HIV/AIDS cannot be addressed in a vacuum—rather the response must occur alongside the achievement of other development objectives. It is imperative that a robust Canadian contribution to the global response to HIV/AIDS occur within an increasing ODA budget.

We thank the Standing Committee on Finance for reviewing this submission and request your consideration in inviting ICAD to give a verbal submission before the committee whenever appropriate.

Respectfully submitted,



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