

2011 Federal Election Questionnaire Responses: *Bloc Québécois*

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Responding to HIV and AIDS in Canada

1. Funding the federal strategy on HIV/AIDS

Canada needs an adequately-funded federal strategy on HIV/AIDS, including funding critical for many front-line services and programs that offer HIV prevention and provide care, treatment and support to people infected with HIV and their families and communities. In 2003, all parties in the House of Commons recommended that Canada's federal strategy on HIV/AIDS be enhanced with funding of approximately \$85 million annually. Scaling up over five years, that target was to have been reached in 2008-09. However, cuts to this funding have been implemented in the last five years. In addition, some funds for strengthening existing and planned programs and services have been diverted to a new initiative on HIV vaccines, an important effort but one that the Standing Committee on Health recognized five years ago warranted separate, additional funding. As a result, funding of the Federal Initiative to Address HIV/AIDS in Canada is now almost 15% below the level agreed upon by all parties several years ago.

Will your party commit to restoring full funding, at the level of at least \$85 million per year, to the Federal Initiative to Address HIV/AIDS in Canada?

In November 2007, the Bloc Québécois questioned the cuts made by the Government to the fight against HIV / AIDS. The Bloc Québécois will remain vigilant and uncompromising on this issue and remind the government when it does not give this fight the importance that it deserves.

2. Strengthening harm reduction services for vulnerable people

Canada's National Anti-Drug Strategy, launched in October 2007, does not include a commitment to harm reduction services, one of the key pillars of a comprehensive response to drugs. Given extensive evidence from published, peer-reviewed research studies about the benefits of services such as Vancouver's supervised injection site, courts have granted that site a constitutional exemption from Canada's drug laws so that it can continue to operate without its users or staff risking criminal prosecution. The courts have also declared parts of Canada's drug laws unconstitutional to the extent that they prevent people who use drugs from having access to health services that can prevent death and disease. But the federal Attorney General has launched a further appeal of these decisions to the Supreme Court of Canada and has not granted exemptions to any other such health services.

Will your party commit to supporting harm reduction services, including supervised injection facilities, as one important component of an overall federal strategy on drugs and as part of efforts to prevent the spread of HIV and hepatitis C (HCV) associated with unsafe injection drug use?

The Court of Appeal of British Columbia concluded that InSite was a health service which addicts were entitled to under the Charter and the Right to life, liberty and security of person. In particular, the court considered it a medical centre that was under the jurisdiction of the province. The Conservative Government has lodged an appeal to the Supreme Court, which should hear the case shortly.

Since health services are under the jurisdiction of Quebec and the provinces, the injection sites are now under provincial jurisdiction. That is why Insite has been kept open despite the Conservative government's willingness to address Insite under its own federal strategy to fight drugs.

The Bloc Québécois recognizes the importance of harm reduction services. However, these services are now recognized as medical centres and it is up to Quebec and the provinces to evaluate and authorize both treatment and health care institutions in Quebec.

3. Protecting prisoners' health to protect public health

Across Canada, federally-funded needle exchange programs successfully reduce the spread of infectious diseases. These programs do not, however, exist inside Canadian prisons. Yet the federal government's own research shows drugs get into prisons despite efforts to block them, that many people in prison have addictions and inject drugs (including by sharing makeshift injection equipment), and that there are high levels of HIV and HCV in prisons. People in prisons have a right to health services needed to protect themselves against such diseases. Prison needle exchange programs also make workplaces safer for prison staff, by reducing the likelihood of accidental injuries with injection equipment that is even more likely to pose a health risk because it has been used by many people. Because most prisoners eventually return to the community, the health of prisoners is also a broader public health concern and taxpayer expense. Numerous other countries have had needle exchange programs in prisons for years, and evaluations have documented only positive outcomes and no safety issues have arisen. Based on numerous studies of such programs, and a review of the extensive evidence evaluating them, the World Health Organization, the Canadian Medical Association, the Correctional Investigator of Canada and the Public Health Agency of Canada, among many others, have all recommended such programs.

Will your party implement needle exchange programs in Canadian prisons to stop the spread of deadly viruses and to protect the health of prisoners, prison staff and the public health more generally?

The Bloc Québécois supports the idea of establishing needle exchange programs in Canadian prisons.

Responding to HIV and AIDS globally

4. Supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria

Canada is an important contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the most effective and innovative multilateral funding mechanisms for scaling up HIV prevention, care, treatment and support in the developing world. The Global Fund supports country-led initiatives approved through a rigorous technical review process and, since being created in 2002, it has saved an estimated 6.5 million lives. Overcoming the HIV epidemic requires a long-term, sustained effort in these areas. The Global Fund must be able to provide ongoing, multi-year support for developing countries' efforts. Canada's support for the Global Fund from year to year must be consistent and predictable.

As part of unfreezing Canada's foreign aid budget and increasing our official development assistance to the UN target of 0.7% of our Gross National Income (GNI), will your party commit Canada to contributing, in each of the next five years, five percent of the resources needed to fund developing countries' efforts as identified by the Global Fund to Fight AIDS, Tuberculosis and Malaria through its technical review process?

Considering the magnitude of these diseases amongst the populations of developing countries, we share your desire to fight them. A healthy population is a population that can thrive.

Thus, we believe that the government should fully engage with the international community to fight against these diseases. That is why we fully support any budget increase for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

That said, if the Conservative government had presented a credible and rigorous plan to achieve the goal of 0.7% of GNP for 2015, Canada would have more financial resources to devote to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

This is why the Bloc Québécois asked the federal government to put in place a realistic plan, as quickly as possible, in order to achieve the target set by the UN, or 0.7% of GNP to official development assistance.

5. Fixing Canada's Access to Medicines Regime

Millions of people in developing countries lack access to medicines for AIDS, tuberculosis, malaria and other public health problems because they cannot afford them. Seven years ago, Parliament unanimously passed a law to help developing countries get less expensive, generic versions of high-priced patented drugs. Canada's Access to Medicines Regime (CAMR) was supposed to use flexibility in the international rules of the World Trade Organization (WTO) on drug patents — flexibility agreed upon by all countries, including Canada, to address public health needs and save lives.

But CAMR does not work. It has been used only once and will not be used again unless it's simplified. CAMR must be streamlined so that only a single licence is required to supply affordable, generic medicines to any of the eligible countries.

In this way, CAMR can help save lives, as intended. People are dying while Canada delays on reforming CAMR to make it work.

There is widespread support for fixing CAMR, including from humanitarian organizations, health and development experts, religious and community leaders and, according to a national opinion poll, 80% of Canadians.

Will your party support legislation to fix Canada's Access to Medicines Regime by creating a simple one-licence process, without additional and unnecessary restrictions, in order to improve access to affordable medicines for people in need in developing countries?

The Bloc Québécois supported the bill concerning Canada's Access to Medicines Regime (CAMR) in the House of Commons this past March.