

CIVIL SOCIETY PERSPECTIVES ON CANADA'S GLOBAL ENGAGEMENT ON HIV AND AIDS

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1. INTRODUCTION

The Global Engagement component of the *Federal Initiative to Address HIV/AIDS* in Canada has been something of a poor cousin to other parts of the *Federal Initiative* with little funding or conceptual development. The Interagency Coalition on AIDS and Development (ICAD) is leading a consultation to hear from community-based organizations, people living with HIV and AIDS, development organizations, academic experts, and others on their sense of the priorities that would enrich Canada's global response to HIV and AIDS. This consultation process aims to increase understanding of key voluntary sector and other stakeholder perspectives on how Canada should engage in global HIV and AIDS efforts. It also seeks to develop a greater understanding of civil society contributions to the Canadian global response. This document provides background information and will serve as the basis for discussion for the consultation.

2. PROJECT BACKGROUND

ICAD, the Canadian HIV/AIDS Legal Network, and the Canadian Working Group on HIV and Rehabilitation (CWGHR) received funding from the Public Health Agency of Canada and the International Affairs Directorate of Health Canada to lead a consultative process to gather civil society perspectives on Canada's global engagement on HIV and AIDS.

The project established a National Steering Committee, which oversaw the information gathering phase and writing of this document. Through discussions with this Steering Committee, fifteen key informants engaged in global HIV and AIDS work were identified and invited to participate in interviews (please see *Attachments A and B* for a list of key informants and interview questions, respectively). The preliminary findings from these interviews were presented in an initial background document at the first consultation in June, 2007, which was held in conjunction with the Annual General Meetings of the Canadian HIV/AIDS Legal Network and CWGHR.

Since the June consultation, a second set of interviews was conducted, focusing on civil society participation in Canada's global HIV and AIDS work. Seventeen representatives from a range of organizations working in the HIV and AIDS field participated in these interviews. These interviews aimed to expand our understanding of civil society participation in the global response to HIV and AIDS and to gather evidence of the value added internationally and domestically by the international contributions of Canadian civil society. *Attachment C* outlines the range of HIV and AIDS-related activities in which Canadian civil society is engaged.

This document is based on the findings from the two sets of key informant interviews, a review of key documents, and the valuable feedback of the National Steering Committee and participants in the June consultation.

3. CHALLENGES TO UNDERSTANDING CANADA’S GLOBAL ENGAGEMENT ON HIV AND AIDS

There are several challenges to gathering civil society perspectives on Canada’s global engagement on HIV and AIDS.

First, there is no single place to look for a comprehensive overview of Canada’s global engagement in HIV and AIDS. While the Global Engagement Component of the *Federal Initiative to Address HIV/AIDS in Canada* would seem the likely candidate for such an overview, it does not include the bulk of Canadian government funding and programming at the global level. The *Federal Initiative* includes four federal government departments: the Public Health Agency of Canada, Health Canada, Correctional Service Canada and the Canadian Institutes for Health Research (CIHR). However, if the objective is to gather an understanding of the global response from the Canadian government, then the Canadian International Development Agency (CIDA) and the Department of Foreign Affairs and International Trade (DFAIT) are notably missing. For more background information, please consult *Attachment D*.

Second, gaining a good sense of Canada’s global engagement in HIV and AIDS requires looking further than the federal government response. As mentioned above, the *Federal Initiative* does not encompass the entire federal government response. Neither does it include responses from provincial, territorial and municipal governments, nor the non-governmental sector.

“Unfortunately Canada’s international policy on HIV/AIDS is not contained in a neat package. Rather it is scattered in a number of places including policy documents, international agreements, and statements by government officials. In some cases there is also a difference between the government’s stated policies and its actual actions.”
(Thomas & Foster, 8)

Third, the history of understanding HIV and AIDS within a broader context, (e.g., a social determinants of health framework in Canada) means that responding to HIV and AIDS requires addressing a range of related issues as diverse as housing, harm reduction, human rights, poverty, disability, trade, gender equality, sex work, prisons, drug policy and hepatitis C.

Based on research conducted during this consultation, it is clear that Canada has an opportunity to build on its strategic strengths and address some of the weaknesses of its responses. This document focuses on civil society perspectives on how the Canadian federal government and Canadian civil society should be engaged on HIV, AIDS and some closely related issues, and identifies specific recommendations for the *Federal Initiative’s* Global Engagement Component.

4. PARADIGM SHIFTS

The following sections provide an overview of opportunities for improving Canada's international response and point to possible ways to move forward, focussing primarily on questions of leadership, funding and policy issues. In each case, we reflect on some of the current thinking within Canadian civil society, and then start to identify complementary questions we might ask ourselves to encourage more creative debate, analysis and approach to ending the pandemic.

These questions are woven throughout this document and are aimed at broadening the discussions around HIV and AIDS and reflecting the changing environment in which these discussions take place. Some of these questions are relatively new and unexplored. For example we should be asking ourselves: How are the global HIV and AIDS pandemics, as well as efforts to address them, affected by the so-called "War on Terror"? What is the impact domestically? We might also ask: "How does religious fundamentalism affect the Canadian response to HIV and AIDS, globally and domestically?" Through these questions we hope to spark new debates that will lead to innovative thinking and action that can have a profound impact on the future of the pandemic.

5. STRENGTHENING CANADA’S GLOBAL ENGAGEMENT ON HIV AND AIDS

5.1 Leadership

Canada proudly proclaims its leadership role in global HIV and AIDS efforts in a number of key documents, pointing out both the quantity and strategic focus of its funding commitments, including to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the International AIDS Vaccine Initiative (IAVI), the International Partnership for Microbicides (IPM), the WHO “3 by 5” Initiative and United Nations Population Fund (UNFPA). Canada has also traditionally had a reputation for supporting progressive policy positions, aligning itself with northern European countries on human rights, the greater involvement of people living HIV and AIDS (GIPA), civil society involvement, gender equality, involving and addressing the needs of vulnerable populations and access to medicines.

However, most respondents and key documents from civil society expressed concern about the fact that Canada’s reputation in these matters has never been entirely accurate, and is certainly undeserved today. Indeed, there is seemingly universal agreement that Canada has been seriously flagging on these commitments and policy positions, and that its international reputation in many of these areas is increasingly tarnished as Canada seems to move resolutely and overtly to the political right.

“Canadian foreign policy and its reputation have changed over time. While once regarded as an altruistic world leader, in recent years Canada has received criticism regarding the incoherent and unheroic state of Canadian foreign policy.” (Nixon, 46)

Key informants and documents pointed that Canada could be a strong political world leader on HIV and AIDS by positioning its policy and funding more strategically and strongly to support human rights-based and evidence-based approaches to the pandemic. Given the current government’s efforts to align itself more closely with the US, this was expressed as a wish for the future, rather than an expectation that we will see Canada take on this approach now.

“Canada’s response is... moderate, ...with missed opportunities for leadership, ...non-strategic... (and) un-coordinated.” (Nixon, 114)

Canada can demonstrate leadership in at least two ways: through the promotion of progressive evidence-based policy positions, and through strategic use of its funding. Canadian civil society feels strongly that Canada should take a stronger stand in favour of evidence-based policies in the context of

multilateral institutions and processes, such as the Commission on Population and Development, the Commission on the Status of Women, the Commission on Narcotic Drugs, and the United Nations General Assembly Special Session on HIV/AIDS. On some strategic issues such as human rights, harm reduction, gender equality, drug policy, sexual and reproductive health and rights, sex work, sexual orientation and disability, Canada has the potential to mobilize allies in the European Union, the Commonwealth and the global South. One example of Canada using its influence to promote progressive policy positions has been through participation on the UNAIDS Programme Coordinating Board, and the development of the UNAIDS Prevention Strategy.

“Canada has had a special relationship with the US and is thus well-placed to influence its policies with respect to HIV/AIDS. Canada can support progressive US policies... while proposing and implementing alternative policies in areas where our respective policies may differ – such as reproductive rights, public delivery of health services, condom use, and needle exchanges and other harm reduction programs. By exercising its full share of responsibility in resource provision, Canada may be able to encourage or trigger greater proportionality by the US. Further, by clearly articulating an overall policy orientation in fundamental human rights terms, Canada would be encouraging the US to do the same.” (Thomas & Foster, 29) Canada can also act as a counter-weight by funding the gap left by U.S. funding conditionality.

Canada can influence the global response to HIV and AIDS through its bilateral relationships and through multilateral fora, including the United Nations and its agencies, the World Bank and International Monetary Fund, the World Trade Organization, the Commonwealth, the Francophonie, and the G8. Canada’s lack of colonial past (outside its borders) also places it in an advantageous position for leadership.

Canada is often at the forefront of endorsement of international agreements, but falls short on implementation and promotion. For example, Canada reluctantly signed onto the Convention on the Rights of Persons with Disabilities, but does not actively promote this, for example, by enacting federal legislation similar to the American Disabilities Act. Indeed, people with disabilities are not recognized as a vulnerable population within the *Federal Initiative*.

In terms of research, respondents identified several contributions that Canada could make to establish itself as a leader, despite the relatively small amounts of research funding available compared to the US or Europe. First, Canada should increase both domestic and international research funding for new prevention technologies such as vaccines and microbicides, including support for the IPM, the IAVI and the recently announced Canadian HIV Vaccine Initiative. Increased funding for global research collaborations would allow Canadian scientists to both share their expertise and learn from developing country research partners. Such research funding could enable international research involving not only multi-country clinical trials, but also research related to: rehabilitation, disability and HIV and AIDS; and the influence of human rights violations on access to HIV programs for people who use drugs, prisoners, sex workers and others. Canada has demonstrated innovation and strength in community-based research (CBR); this is another area for global leadership.

Recommendations

1. Canada suffers from a lack of vision regarding HIV and AIDS at the highest level of government to guide the efforts of all departments. As such, we need to mount a Canadian “all-of-government” strategic response to global HIV and AIDS that is non-partisan and whose scope extends beyond the usual government term of office.
 - The Global Engagement Component of the Federal Initiative (GEC/FI) requires much closer coordination with other departments, notably CIDA, which provides the greatest proportion of funding for global HIV and AIDS programming, and DFAIT, which is responsible for Canada’s bilateral and multilateral interactions in the world.

2. The Prime Minister and other cabinet Ministers must make a serious and public commitment to halting the HIV and AIDS pandemic and achieving the goal of universal access to prevention, treatment, care, and support services.
 - GEC/FI should develop and highlight policies, programs and key messages that emphasize the linkages between domestic and global efforts to achieve the goal of universal access to prevention, treatment, care, and support services..
3. The Canadian government should appoint a non-partisan AIDS ambassador for Canada to be a focal point for policy development and coordination. This approach has already been implemented in a number of other countries. The ambassador should chair the meetings of all interdepartmental working groups and consultative mechanisms dealing with Canada's international HIV and AIDS policy and practice.
 - The ambassador should work closely with the GEC/FI to ensure stronger links between the global and domestic responses.
4. In its bilateral relationship with the United States, Canada should support United States policies in response to the HIV and AIDS pandemic that are guided by, and consistent with, international human rights norms and principles, while actively promoting alternative policies in areas where US policies do not reflect human rights norms.
 - GEC/FI should document Canadian best practices in harm reduction, sexual and reproductive health and rights, gender equality and human rights policies and programs as a means to support progressive Canadian policy positions in global fora.

5.2 Funding

Most respondents and key documents called for Canada to increase its current global HIV and AIDS funding levels, both directly and indirectly, as well as to use its funding more strategically.

In terms of direct funding to HIV and AIDS, Canadian contributions can seem impressive. For example up to now, Canada has met equitable contributions targets for the GFATM; it was the single largest donor to the WHO “3 by 5” Initiative; and, it is one of the largest country donors to IAVI and IPM. However, on direct HIV and AIDS funding as a proportion of its global GDP, Canada still falls short and there is no guarantee that Canada will continue to show generosity to the GFATM and other multilateral funding mechanisms.

Even more dramatic is the shortfall in terms of indirect funding for HIV and AIDS. Providing sufficient levels of official development assistance (ODA) and alleviating the burden of debt for developing countries would significantly strengthen their capacity to address the pandemic. In this regard, Canada’s position is far from stellar. Not only does Canada’s ODA contribution fall well short of 0.7%, but there has been refusal to even set a timeline for meeting this target. Furthermore, Canada’s efforts toward debt relief remain grossly inadequate.

There are at least three ways that Canada can do its part to ensure there is sufficient funding available to reach the goal of universal access by 2010: providing international assistance, working to increase debt relief, and supporting innovative financing mechanisms.

“Canada’s position on bilateral and multilateral debt relief is one further avenue through which our policies prevent poor countries from climbing out of poverty.” (Nixon, 60)

By using its funding more strategically, Canada could choose to deliberately support evidence-based programming and to support progressive policies, as well as innovative and currently under-funded initiatives. Canada has been contributing significant amounts to large initiatives such as the GFATM and the WHO “3 by 5”

Initiative. However, it could also use its resources to support strategic and under-funded initiatives, such as community-based organizations, and small- or sub-grants for less popular causes on the international stage, such as: safe injection facilities and other harm reduction measures; enabling organizing by groups of sex workers or men who have sex with men; hospice care; rehabilitation and disability; and, initiatives addressing legal, ethical and human rights issues.

It was also suggested that Canada should invest significantly in the development of human resources and health care infrastructure in a few selected countries. Another idea was to select a focal issue to take on as a ‘cause célèbre’. Several possibilities were suggested, including youth, grandmothers and community-based research.

Finally, it has been suggested that there is currently a gap in funding for very small local initiatives and partnerships. The bulk of the funding currently goes to large multilateral and bilateral initiatives, with relatively small amounts of funding available for community-based organizations. However, most of

this community-based funding goes to relatively large NGOs, since the mechanisms for funding often exclude very small initiatives that can make the difference at the micro-level

Recommendations

5. Canada should take the lead in increasing its HIV and AIDS funding to reach at least a level proportionate to its share of developed country GDP. For example, Canada should commit to a contribution of \$900 million to the GFATM over the next three years, 2008 to 2010.
6. Canada should advocate among the industrialized nations for the adoption of an equitable contributions framework for the GFATM.
7. Canada should establish and publicly announce a series of incremental targets (with timelines) that will enable it to quickly meet the goal of 0.7% of gross national product for official development assistance.
 - GEC/FI should work with CIDA and DFAIT to develop an analysis of how increasing overall ODA would positively impact the global response to HIV and AIDS.
8. Canada should proactively seek to financially support specific initiatives that promote human rights-based and evidence-based policies and programming, including harm reduction initiatives, promoting the rights of sex workers and of men who have sex with men, hospice care, and initiatives addressing legal, ethical and human rights issues.
 - GEC/FI should continue to use the international policy dialogues as a means to promote human rights-based and evidence-based policies and programming.

5.3 Key Policy Issues

The double-edged sword of “policy coherence”

As we have seen, several government departments are responsible for various parts of Canada’s global HIV and AIDS response, which has led to incoherence within the Government of Canada response. There are also challenges related to ensuring coherence and complementarity among the responses from the federal, provincial and territorial governments, civil society, the private sector, and researchers.

While several attempts at achieving greater policy coherence have been made (e.g., *Leading Together, Canada Takes Action on HIV/AIDS 2005-2010* and the *Federal Initiative to Address HIV/AIDS in Canada* a draft Government of Canada Position Statement on HIV/AIDS), some respondents felt that there is a lack of political will on the part of the various levels of government to achieve this policy coherence.

“If Canada is to exercise leadership in global affairs, an increased measure of coordination and coherence within the federal government is required.”
(Thomas & Foster, 30)

Other donor countries provide potential models for greater policy coherence. For example, the United Kingdom’s HIV and AIDS strategy is led by the UK Department for International Development, and a working group ensures its coordination across the UK Government. In Belgium, an HIV and AIDS working group of the Belgian Interdepartmental Commission on Sustainable Development co-ordinates and the Special AIDS Envoy promotes the implementation of the HIV and AIDS strategy. HIV and AIDS mainstreaming is also promoted within all relevant public services of the federal state, the regions, and communities in Belgium.

Although greater policy coherence has the potential to strengthen Canada’s response, we need to be careful about what we wish for. Cementing bad policies into a coherent whole is no more desirable than having inconsistencies that allow for at least some parts of the government to be saying and doing things that are good for the HIV and AIDS response.

Civil society representatives, whether in the key informant interviews, key documents or consultations, have universally expressed a wish to see more progressive policies set as the standard, and recommend being as specific as possible about which policies should be pursued at both the domestic and international levels, including:

- promotion of human rights for the most vulnerable communities (including persons living with HIV and AIDS, sex workers, immigrants, women, gay men and other men who have sex with men, persons with disabilities, youth, prisoners and former prisoners, persons who use drugs, Aboriginal communities, communities of color);
- universal access to harm reduction measures in and out of prisons (including safe injection facilities, needle exchange programs, methadone maintenance programs, crack pipe kit distribution, safer tattooing);

- universal access to sexual and reproductive health information and services, including for adolescents;
- universal access to treatment, including improvements that would render more functional Canada's Access to Medicines Regime;
- changes to immigration policies to allow people living with HIV and AIDS to immigrate to Canada without facing mandatory testing and automatic exclusion based on HIV status;
- access to voluntary counselling and testing with specific informed consent;
- decriminalization of sex work and sex workers in Canada and globally;
- changes to drug laws to be consistent with the human rights of persons who use drugs;
- stopping the undue criminalization of non-disclosure of HIV status and balancing the use of criminalization of HIV transmission with greater emphasis on public health measures.

Furthermore, these policy recommendations require careful monitoring to ensure that this language promoted by civil society is not co-opted to pursue a conservative agenda that is not based on human rights and universal access. For example, harm reduction does not mean pushing persons who use drugs towards detoxification programs. Access to sexual and reproductive health services does not mean pushing an abstinence-based education agenda for adolescents.

Many respondents mentioned that Canada has historically been a strong international advocate for human rights, including on HIV and AIDS. However, some Canadian policies have elements of inconsistency with human rights, such as: certain applications of the criminalization of non-disclosure of HIV status; Canadian immigration policy; sex work and drug laws; and, policies on HIV testing. Where these contradictions exist, we must clearly state which policies we seek to promote.

Lack of policy coherence has meant that Canada's international efforts are being undermined by its own policies. For example, policies on the international recruitment of health professionals for the Canadian health care system are damaging the capacity of health systems in resource-poor countries that other Canadian programmes are seeking to develop. We need to be clear about which of these contradictory policies we wish Canada to pursue; otherwise, Canada may well decide to have all policies coherent with its practice of actively recruiting health care professionals from developing countries.

How do Canada's strategies for addressing health human resource shortages in Canada and in developing countries have an impact on HIV and AIDS globally? Domestically?

Likewise, two specific examples were mentioned repeatedly by respondents. First, while Canada has in the past supported harm reduction approaches in global fora, it continues to marginalize harm reduction domestically, including the federal opposition to a permanent legal foundation for the safe injection facility in Vancouver. Second, while Canada has been a strong proponent of universal access

to HIV treatment, the Canadian Access to Medicines Regime remains a virtually unusable mechanism loaded down by unnecessary obstacles.

Why is the Canadian Access to Medicines Regime so complicated? How many of the unnecessary obstacles in the legislation come from lobbying by the brand-name pharmaceutical industry, and does the power of that lobby also influence Canadian positions in the WTO?

Three key policy directions: human rights, gender equality, and harm reduction

Throughout the key informant interviews, review of key documents and the consultation in June, three policy themes emerged as critical for Canada to champion: human rights, gender equality, and harm reduction. This was often expressed as a hope for the future since respondents were pessimistic about Canada's ability to take these on in a manner that would be supported by civil society in the current political environment. However, it is clear that the Canadian civil society participants want its government to address HIV and AIDS as a long-term issue that goes beyond partisan politics in championing the following issues.

First, Canada's global response should centre on a human rights-based approach. Canada has played a role in fighting human rights abuses internationally and can build on this legacy. It is seen as key to focus international HIV and AIDS efforts on highly marginalized, vulnerable and discriminated populations, including gay men and other men who have sex with men, women and girls, sex workers, persons who use drugs, people living with HIV and AIDS, prisoners, persons with disabilities, Aboriginal communities, youth, immigrants and refugees, and communities of colour. Focussing on the rights of these key populations is imperative to an effective response to the pandemic, and this focus should encompass the range of social determinants of health and legislation that influence their vulnerability to HIV.

"The protection and promotion of human rights has been a long-standing theme in Canadian foreign policy and a mainstay of the exercise of Canada's influence... Human rights considerations should therefore be the keystone in the framing arch of Canadian policy on global HIV/AIDS."

(Thomas & Foster, 20)

What is the impact of criminalization of sex work, small-scale drug use, and HIV transmission and exposure response to HIV? Is more research needed to answer this question?

“The economic, social and cultural rights of people are closely connected with the principal social determinants of health.”
(Thomas & Foster, 37)

Linked to human rights is the notion of global social justice, which was also recommended to be a foundation of Canada’s international response. Such an approach requires acknowledgment of the broader inequities resulting from Canada’s interactions in the world. For example, our role in international trade advances our own economic interests at the potential expense of less powerful nations. It is only by being able to recognize Canada’s links to such injustices that we will be able to identify commensurate solutions. A more detailed discussion of this theme is included in the section “A call for more intersectoral and critical thinking and action”.

How are Canadian policies on HIV and AIDS being shaped by economic rather than social interests? Globally and in Canada?

Second, Canada has historically shown commitment to gender equality through its policy positions in international negotiations on conventions and declarations, as well as through its funding and programming. An opportunity now exists for Canada to show leadership around the emergence of an International Women’s Agency within the United Nations system, which requires an international champion.

However, there was concern expressed about the domestic situation with regard to HIV and gender equality—including the elimination of the budget for the Status of Women Canada—which led respondents to question the legitimacy Canada might have on the global stage in its approach to gender equality and HIV and AIDS.

Respondents urged both a deeper and broader approach to gender equality: deeper to get to causes of gender inequality for women and their increased vulnerability to HIV, and broader to also encompass men and boys and their specific vulnerabilities.

Third, respondents expressed a wish for Canada to establish itself as a promoter of harm reduction in the future, despite serious setbacks that have emerged in Canada’s position in the past two years. Respondents expressed great concern that Canada’s potential is not being realized. Canada has the opportunity to expand the model of Insite, the safe injection facility in Vancouver, which was the first of its kind in North America. Instead, Insite is itself barely receiving political support, creating a confusing message on harm reduction both domestically and internationally. The closure of the pilot safe tattooing programs in prisons also elicited concern, as did the closure of Ottawa’s crack pipe kit distribution program.

Recommendations

9. Canada should make a clear commitment to base its comprehensive international response to HIV and AIDS on human rights principles and norms as embodied in international instruments.

That commitment should be reflected in clear public statements of Canadian positions to be taken in UN, G8 and other international meetings, and in discussions with trading partners.

10. DFAIT should take the lead in developing a process for public, independent and transparent human rights assessments of trade and other negotiations. DFAIT should invite other relevant departments and agencies, including the federal and provincial statutory human rights agencies and non-governmental human rights, development, health and HIV and AIDS organizations, to participate in the process. A starting point for a human rights assessment could be the restructuring of the Canadian Access to Medicines Regime to adhere to human rights standards and to reflect the will of the Canadian public rather than the interests of pharmaceutical companies.
11. In its bilateral and multilateral relations, Canada should champion a gender equality-based approach to addressing the vulnerabilities of women and girls, men and boys, transgendered people and people who engage in same-sex practices
12. In its bilateral and multilateral relations and its positions in UN fora, Canada should champion the use of harm reduction strategies to address HIV and AIDS among persons who use drugs.

5.4 Cross-Cutting Themes

Three themes consistently emerged throughout the interviews as critical to the success of all HIV and AIDS-related policies and programs. Canada should enhance its engagement of civil society, promote the greater involvement of people living with HIV and AIDS and strengthen its efforts through building cross-movement collaboration.

Civil society engagement

The interview responses reflected a debate regarding the role of Canadian civil society on the global front. Some respondents expressed that Canada has a good reputation for civil society engagement and civil society is well represented on delegations to several international fora. On the other hand, some respondents felt that Canadian civil society held little sway in its role on the Canadian delegation in these fora. Questions regarding the legitimacy of civil society representation also arose. For example, in the case of the Commission on Narcotic Drugs, the “civil society” organization consistently on the delegation is a government-created organization and does not represent the interests of people most affected by HIV. Respondents also expressed that civil society requires a strong consultative role on policy development. The UK provides a useful example of civil society consultation around the national HIV and AIDS strategy. Not only did the UK strategy emerge from a consultative process, but ongoing consultation allows civil society to discuss the successes and challenges faced in its implementation and to emphasize issues of priority.

“Not all countries have a history of involving civil society, people living with HIV/AIDS and vulnerable groups in the planning and delivery of HIV/AIDS programming or in policy development. Canada can play a leadership role by championing the involvement of these stakeholders whenever opportunities present themselves on the global stage.”
(Foster & Garmaise, 55)

Some respondents also stated that Canadian civil society could take on a stronger activist and watchdog role through these engagements, as well as deepen its global engagement by providing more technical assistance, developing model policies and best practices, and providing training to civil society partners globally in areas such as policy development, management, fundraising and governance. Canadian civil society can also offer support and share expertise in areas such as HIV treatment and gender analysis.

It was also felt that the Canadian government should help build capacity of local civil society in Canada to facilitate international participation. This can be done by supporting umbrella organizations that can then support smaller organizations. In addition, respondents felt that civil society should engage in public education and awareness-raising. Canada can also support regional information exchanges in developing countries and make sure that it is not always the same people invited to international gatherings.

It was expressed that one area in which Canada can show leadership is from an Indigenous perspective. Canada has developed Aboriginal-specific resources that can be shared with other countries. This Canadian strength is limited by a lack of financial support for engaging in development work in other

developed countries such as Australia and New Zealand where Aboriginal people with HIV are overrepresented.

Civil society is well positioned to reach and understand grassroots communities and their needs related to HIV and AIDS, and to decrease isolation by bridging community groups. Civil society representatives expressed the need to be better supported through increased and sustainable funding. They would like to see partnership programs that are more accessible to small Canadian organizations, and application processes that are simplified, transparent and clear on criteria and approval deadlines. Further, organizations with proven track records do not think they should be weighed down by onerous controls, for example in terms of reporting requirements. Several respondents expressed concerns over large allocations to multilateral bodies such as the GFATM, where this results in or is used to justify diminished funding for civil society organizations in the North and the South. Another concern pertained to the role of the private sector in program delivery as private sector involvement ties aid and presents a potential conflict of interest.

It was also expressed that civil society should take more responsibility to engage in constructive dialogue amongst itself, and that the global dimensions of HIV and AIDS should not be undermined in domestic work. For example, funds raised by Canada's AIDS Walk for Life could be shared amongst Canadian and international programming initiatives. Despite the existence of some tension between domestic and international HIV and AIDS organizations over the allocation of funds, respondents overwhelmingly expressed the importance and mutual advantages gained from connecting the two.

Greater involvement of people living with HIV and AIDS (GIPA)

Most respondents felt that both civil society and government need to do more to promote the meaningful involvement of people living with HIV and AIDS. It was suggested that the government can reach out to networks of PLWHIV and AIDS financially and through consultation. It was also suggested that more needs to be done to ensure the freedom of travel for people living with HIV and AIDS so that they are not restricted from participating in international events.

As a signatory party to the declaration that enshrined GIPA at the Paris Summit in 2004, Canada could play an important role in this regard.

Greater cross-movement building between HIV and AIDS and related issues

A recurring theme in the consultation has been the opportunities for Canada to build on some of the strengths of its response by modeling and further developing its approaches to HIV and AIDS, including the intersection of HIV, poverty, disability and rehabilitation, trade, sexual and reproductive health and rights and a human rights-based approach. While most of these comments related to Canadian civil society's tendency to see HIV within a social determinants of health framework, cross-movement building was also cited in an important minority of cases as a means to achieve more in-depth analysis and responses to the root causes of the pandemic.

How can my organization make
Canada's global response to HIV and
AIDS more effective?

Recommendations

13. Canada, in its bilateral relations with the governments of most-seriously affected countries, should encourage and support the engagement of community-based organizations, NGOs, persons living with HIV and AIDS, and vulnerable groups in the development, design, implementation and evaluation of HIV and AIDS policies and programs, as well as the inclusion of expert and legitimate community-based civil society voices on delegations. This should include significant funding to support meaningful participation of persons most affected by and vulnerable to HIV in key international policy processes.
 - GEC/FI should document Canadian best practices and seek out best practices from other countries to promote the strengthening of GIPA and engagement of affected communities in Canada and abroad.
14. In multilateral fora, Canada should champion the involvement of community-based organizations, NGOs, persons living with HIV and AIDS, and vulnerable groups in all aspects of the response to the epidemic, as well as the inclusion of expert and legitimate community-based civil society voices on delegations.
15. In its bilateral and multilateral relations, Canada should identify opportunities and facilitate efforts to share best practices on HIV and AIDS between Canada and other countries.

5.5 A Call for More Intersectoral and Critical Thinking

Some respondents and key documents took the analysis of Canada's global response to HIV and AIDS further than the previous sections. They called for reflection upon Canada's role in perpetuating international systems that privilege powerful nations and compromise the ability to weaker countries to climb out of poverty. The resulting economic and social inequities were understood as intimately linked to the conditions that fuel HIV and AIDS in many countries.

“Canada has been and continues to be a willing collaborator with other powerful nations in advancing an international system that results in worsening poverty in already-poor countries struggling to contend with the burden of HIV and other gross health and wealth inequalities.”
(Nixon, 59)

This line of argument calls for reflection upon the broader economic and political determinants of health through critical examination of:

- The conditions under which Canadian and multilateral (e.g., World Bank, International Monetary Fund) funding is provided to low- and middle-income countries, including provisions requiring economic reforms related to the privatization of public services, the implementation of user fees, and health care sector spending caps
- Canada's role in trade agreements which effectively block access to medicines, despite half-hearted efforts to the contrary, as well as institutionalize inequitable distribution of resources and revenue, and
- The ways in which the neo-liberal economic paradigm, which is dominant in Canada and globally, has an impact on both vulnerability and resilience to HIV and AIDS.

How do we justify spending resources to alleviate the impact of HIV and AIDS, while simultaneously perpetuating an economic system that, in some ways, can cause the pandemic to flourish? How does this play out globally? Domestically?

“Canada's response might be likened to a sleight of hand trick where the magician maintains the audience's attention on one hand (in this case, Health Canada and CIDA and their chronic dysfunctions) while it is actually the other hand (including Finance Canada, International Trade Canada, etc) that is controlling the trick. The result for Canada is a response to HIV and AIDS in which the tension between public good and economic self-interest thrives and subsequently presents an obstacle to mounting a meaningful response to HIV and AIDS.

There is very little “mention of the potential impact on Canada's HIV efforts, positive or negative, of departments like Finance Canada, International Trade Canada, the Treasury Board or the Privy Council Office. Rather, we seem largely preoccupied with critiquing and praising the efforts of Health Canada, the PHAC, CIHR and CIDA, demonstrating the dominance of the health and development frameworks for thinking about HIV and AIDS in Canada.” (Nixon, 153)

The problem is more than the fact that this is happening; a serious concern is that this neglect of Canada's role in producing and maintaining poverty appears to be going largely unnoticed by those closest to Canada's HIV and AIDS response." (Nixon, 173)

This analysis and the actions required to address these issues extends significantly beyond HIV and AIDS. However, the Canadian HIV and AIDS movement has used the social determinants of health as one of the lenses through which it understands and tackles the epidemic. Therefore, cross-movement efforts that address the root causes of the poverty and the social inequities that fuel the epidemic are a natural extension.

Such efforts would require an increase in the skills, resources and partnerships of Canadian civil society agents engaged in global HIV and AIDS efforts, but at least a portion of the efforts to stem the epidemic be strategically focussed on finding long-term solutions related to these political and economics determinants.

Human rights principles should inform and guide Canada's trade and investment negotiations as well as more broadly its positions on global social and economic policy.

Recommendations

16. Advocates working in HIV, AIDS and related fields should work together to develop deeper understanding of the political and economic determinants of the pandemic. In particular, Canadian HIV and AIDS advocates should develop understanding of the links between Canada's role in the creation, reduction and maintenance of global poverty, and the effects of global poverty on HIV and AIDS.
 - GEC/FI should support greater cross-movement partnership-building with civil society movements to enhance a broader approach to addressing HIV and AIDS.
17. Genuine efforts directed at global poverty alleviation must be a central component of Canada's response to HIV and AIDS. Canadian advocates should participate in cross-movement efforts to urge such action.
 - GEC/FI should engage the government departments responsible for Canadian foreign policy related to bilateral and multilateral trade and economic decisions in dialogue about the impacts of Canada's various policy options on vulnerability or resilience to HIV and AIDS at home and around the world.

What is the environmental impact of the pandemic? What is the environmental footprint of the HIV and AIDS movement? Globally? Domestically?

6. Description of Attachments

A. Interview participants

B. Interview questions

C. Description of global HIV and AIDS response from Canadian civil society

We have included a summary of the findings from the International Affairs Directorate attempt to document civil society's global HIV and AIDS engagement, describing the scope and types of recent engagements. We also discuss the evolution of this engagement over the past few years.

D. Background on Canada's global HIV and AIDS response

For your information, we have included an overview of the Government of Canada response to HIV and AIDS, as taken from Paul Thomas and John Foster's document *AIDS, Development and Canadian Policy* (DRAFT).

E. Background on other countries' global HIV and AIDS responses

As part of the process for implementing this project, ICAD has investigated the status of the global HIV and AIDS responses of other donor countries. This attachment contains some of the key points of the global strategies of nine donor countries, as well as the web-links to the strategies themselves.

F. Key documents

ATTACHMENT A: INTERVIEW PARTICIPANTS

Key Informants and Provocateurs

1. Kevin Barlow, Canadian Aboriginal AIDS Network
2. Gillian Bone, Toronto Rehabilitation Institute
3. Erika Burger, Atlantic Centre for Excellence in Women's Health
4. Jenn Clamen, Stella
5. Jonathan Cohen, Open Society Institute
6. Dionne Falconer, Consultant
7. John Foster, North-South Institute
8. Peggy Frank, Positively Africa
9. Cate Hankins, UNAIDS
10. Beri Hull, International Community of Women Living with HIV/AIDS
11. Joseph Jean-Gilles, GAP-Vies
12. Ron Labonté, Université d'Ottawa
13. Stephen Lewis, Stephen Lewis Foundation
14. Ted Myers, Canadian Association for HIV Research
15. San Patten, Consultant
16. Elisse Zack, Canadian Working Group on HIV and Rehabilitation

Representatives from HIV and AIDS organizations interviewed:

1. Chris Liebich, CHF Partners in Rural Development
2. Larissa Strong, Niagara College
3. Lori Latta, Saskatchewan Council for International Cooperation
4. Jeanine Ewert, Canadian Federation for Sexual Health
5. Zaida Bastos, Primates World Relief and Development Fund
6. William Booth, AIDS Vancouver
7. Deborah Jakubec, HIV Network of Edmonton Society
8. Sarah Hendriks, Plan Canada
9. June Weber, Canadian Association of Nurses
10. Anna Callegari, Saltspring Organization for Life Improvement and Development
11. Fran Keough, AIDS Committee of Newfoundland and Labrador
12. Kim Thomas, Canadian AIDS Society
13. Peter Hayes, AIDS Committee of London
14. Robert Beaudry, Centre de coopération internationale en santé et développement
15. Albert McNutt, Northern AIDS Society
16. Tricia Smith, Canadian AIDS Treatment Information Exchange
17. Michael Adams, CARE Canada

ATTACHMENT B: INTERVIEW QUESTIONS

Questions for key informants

1. In what way do Canada's policies on HIV and AIDS promote, impede or contribute to an effective global response to HIV and AIDS?

You may also wish to address policies on related issues such as human rights, gender, poverty, sexual and reproductive health and rights, harm reduction, trade, disability and health systems.

2. What role do you envision for Canada on HIV and AIDS and related issues on the global scene?
3. What role can Canadian civil society play in global HIV and AIDS efforts?
4. How should Canada support civil society engagement?
5. (For domestic respondents) Do you think there is a connection between Canada's domestic and global response to HIV and AIDS? How do you see this connection?
6. Are there any additional comments you would like to provide on Canada's global engagement on HIV and AIDS and related issues?

Questions for representatives from HIV and AIDS organizations

1. How has the project/your international work contributed to your organization's work (care, treatment and support or advocacy and outreach) in Canada?
2. What (if any) benefits do you think your international contributions bring to your partner that they could not gain locally?
3. What role do you think Canadian civil society should play in the global response to HIV and AIDS?
4. How should Canada support (Canadian and/or international) civil society engagement?

ATTACHMENT C: DESCRIPTION OF GLOBAL HIV AND AIDS RESPONSE FROM CANADIAN CIVIL SOCIETY

The International Affairs Directorate has compiled information on Canada's global response to HIV/AIDS. The latest data available are for the fiscal year 2004/2005, which we are able to compare to data from the previous compilation, dated 1999/2000.

Over this 5 year period, Canadian civil society significantly increased its global HIV and AIDS activities. As the table below shows, spending on projects by voluntary sector organizations (VSOs) and the university and research sector doubled in that period, from \$24 million to almost \$48 million.

Table 1. Annual spending on global HIV and AIDS projects by Canadian civil society (in CAS\$ millions)

Year	Voluntary Sector Organizations	Universities and research	TOTAL
1999/2000	15.4	8.6	24
2004/2005	32.8	14.4	47.2

In 2004/2005, there were 86 projects initiated by VSOs, including half of them in Africa. Other projects were in South America, the Caribbean, Eastern Europe, Asia, the Middle East or global/multilateral. There were also 19 university and research projects in Africa and Asia.

It must be noted that spending on biomedical and behavioural research, though critical to the HIV response, is not always included in analyses of global spending on HIV and AIDS. HIV and AIDS research is not always disaggregated from other biomedical and behavioural research.

Volunteer sector organization projects

Canadian AIDS service organizations, development NGOs, faith-based organizations, community organizations working with children and youth, sexual health organizations, rural development groups, associations of health professionals and sports organizations initiated projects that addressed a range of issues, including:

- Organizational development, including board development, information technology and financial management;
- Developing national or regional networks of NGOs;
- NGO staff and board mentorship;
- Improving prevention, education and outreach efforts among vulnerable groups, including truckers, miners, men who have sex with men, sex workers, youth, women, migrant workers and children;
- Provision of materials and equipment for office work, outreach (bicycles for example), care and support;
- Rural outreach;

- Psychosocial support, hospice care and access to treatment;
- Engaging faith leaders on prevention, care and support;
- Integration of prevention and treatment efforts;
- Integration of HIV and sexual and reproductive health and rights;
- Human rights, stigma and discrimination;
- Impact mitigation among orphan and vulnerable children;
- Development and dissemination of documentary photography;
- Promotion of human rights among women and girls;
- Intersectoral projects on tuberculosis;
- AIDS in the workplace projects and engagement of the business sector;
- Development of national strategies and action plans;
- Agricultural projects, income generation and micro-credit projects;
- Establishment of community health centres;
- Support for legislative reform, training of legal aid providers and technical assistance;
- Development of model legislation for a rights-based approach to HIV;
- Analysis of harm reduction programs;
- Workshops, satellites and conferences;
- Compilation of key resources and documentation;
- Development of community mobilization resources;
- Youth internship programs;
- Hygiene and nutrition;
- Voluntary counseling and testing
- Music, drama, poetry.

University and Research projects

Through university and research projects, Canadian universities, hospitals, medical and research institutions addressed a range of issues, including:

- developing skills in gender-based analysis of the pandemic;
- developing the capacity of community organizations to promote testing and prevention among sex workers;
- randomized controlled trials of a candidate microbicide and of male circumcision;
- the development and expansion of medical clinics serving sex workers;
- monitoring and evaluation of existing programs;
- training for medical professionals;
- developing models of STI and HIV prevention through community-based prevention, care and support of vulnerable populations;
- generating knowledge to improve evidence-based programming;
- implementing HIV and AIDS surveillance systems;
- enhancing laboratory facilities;
- discovering the mechanisms that provide some individuals with naturally acquired protective immunity to HIV.

ATTACHMENT D: BACKGROUND ON CANADA'S GLOBAL HIV AND AIDS RESPONSE

Policy actors

Three main departments manage Canada's policy response to the global HIV and AIDS pandemic:

- **Foreign Affairs Canada (DFAIT)** has the main responsibility for developing the government's foreign policy on HIV and AIDS and is the lead agency for Canada's representation at the United Nations and other international forums.

"There are seven departments and agencies within the Canadian government that have either explicit or implicit influence over Canada's policy response to the global HIV/AIDS pandemic. The exact relationship and division of responsibilities among these agencies is difficult to determine and at times they pursue somewhat contradictory goals."
(Thomas & Foster, 14)

- **The Canadian International Development Agency (CIDA)** manages Canada's development assistance and has limited policy responsibility for a number of related issues, such as gender equality, health promotion and good governance.
- **Health Canada** is the primary agency representing Canada at the WHO and other international health forums. It also handles the approval of medications and manages the international component *Federal Initiative to Address HIV/AIDS* (see below).

In addition to these, there are a number of other government agencies that influence Canada's policy response to HIV/AIDS:

- **The Public Health Agency of Canada (PHAC)** is responsible for coordinating the *Federal Initiative to Address HIV/AIDS* (see below) and for working with civil society groups to develop an "all-Canada" response to HIV/AIDS.
- **Industry Canada** shapes Canada's foreign policy on HIV and AIDS through its responsibility for managing patent laws, including those permitting the export of generic pharmaceuticals.
- **International Trade Canada** is responsible for negotiating all of Canada's international trade agreements, giving it considerable influence over Canada's position on issues such as trade-related intellectual property rights, which in turn can influence the availability of medications for AIDS treatments.
- **The Department of Finance** can strongly influence Canada's policy on HIV and AIDS through its role as Canada's lead representative at the IMF and World Bank; two organizations that have a large impact on efforts for universal access through their control over debt servicing levels and the conditions they impose on Southern governments.

- **Citizenship and Immigration Canada (CIC)** can influence Canada's foreign policy on HIV and AIDS by facilitating the immigration of skilled health workers from Southern countries, thereby undermining efforts to achieve universal access.
- The **Department of National Defence (DND)** affects Canada's response to HIV and AIDS through its role in situations of conflict where HIV and AIDS is more likely to spread.

Key policy documents and initiatives

- *The Federal Initiative to Address HIV/AIDS in Canada* is the government's main response to HIV and AIDS in Canada, although it also contains one that is focuses on improving Canada's international networking around the disease.
- *Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)* is a pan-Canadian strategy on HIV and AIDS involving government, civil society, persons with AIDS and the private sector. While it too has a largely domestic focus, the strategy also includes an international component.
- *Commitment and Action: Foreign Affairs Canada HIV/AIDS Strategy* lays out how DFAIT interprets the disease, its areas of focus, and how it plans to relate to other government departments.

Policy coordination and consultation mechanisms

There are a number of bodies that have been established to coordinate the HIV and AIDS programming of different government agencies and to gain input from civil society. These include:

- *The Assistant Deputy Ministers Committee on HIV/AIDS* – Composed of ADMs from 13 departments and agencies, this body works to ensure that Canada's policies and programming on HIV and AIDS are coordinated at both the domestic and international levels. It is currently working to develop a comprehensive Government of Canada position statement on HIV/AIDS.¹ The group is chaired by PHAC.
- *The Interdepartmental Forum on Global HIV/AIDS Issues* – Consisting of representatives from PHAC, DFAIT, CIDA, Health Canada, and the Canadian Institutes of Health Research, this group meets quarterly to discuss global HIV and AIDS issues and strive for coherence in the federal government's programming. Other government departments are invited to attend on an as-needed basis.
- *The Consultative Group on HIV/AIDS Global Issues* – A group of representatives from both government and civil society that meets each quarter to discuss Canada's response to the

¹ The 13 departments and agencies are: Canadian Heritage, Canadian Institutes of Health Research, Canadian International Development Agency, Citizenship and Immigration Canada, Correctional Service Canada, Department of National Defence, Foreign Affairs and International Trade Canada, Health Canada, Human Resources and Social Development, Indian and Northern Affairs Canada, Industry Canada, Justice Canada, Public Health Agency of Canada.

global AIDS pandemic.²

- *The Ministerial Council on HIV/AIDS* – A body made up of knowledgeable Canadians (including several from PLHA) that advises the Minister of Health on matters relating to HIV and AIDS. Although the Council is primarily focused on the domestic aspects of the disease, it has also created an International Issues Committee.

² Organizations that are currently represented in the group are: Health Canada, PHAC, CIHR, CIDA, DFAIT, the Canadian AIDS Society (CAS), the Canadian HIV/AIDS Legal Network, the Canadian Public Health Association (CPHA), the Interagency Coalition on AIDS and Development (ICAD), the International Council of AIDS Service Organizations and the Canadian Association for HIV Research (CAHR).

ATTACHMENT E: BACKGROUND ON OTHER COUNTRIES' GLOBAL HIV AND AIDS RESPONSES

As part of the process for implementing this project, ICAD has investigated the status of the global HIV and AIDS responses of other donor countries. In general, the strategies have several points in common: a focus on human rights, sexual and reproductive rights and gender; a stated commitment to multilateral agreements and programs; and attention to vulnerable groups. This attachment contains some of the key points of the global strategies of nine donor countries, as well as the web-links to the strategies themselves.

Australia

Meeting the challenge: Australia's international HIV/AIDS strategy

Australian Government, AusAID, July 2004

http://www.ausaid.gov.au/publications/pdf/aids_strategy.pdf

Meeting the Challenge aims to: reduce the spread of HIV/AIDS, particularly in the Asia-Pacific region; and mitigate the effects on people living with HIV and AIDS and their families and on the society to which they belong. Future Australian support will focus on the following five priority areas: strengthening leadership and advocacy; building capacity; changing behaviours and attitudes; addressing HIV transmission associated with injecting drug use; and supporting treatment and care.

The Australian Government will continue to strengthen whole-of-government efforts on HIV and AIDS and development. AusAID will lead efforts to foster good communication and collaboration between departments and will expand and deepen partnerships with donors, government, non-government organisations, health professionals, faith-based organisations and civil society, including people living with HIV/AIDS.

Belgium

The Belgian Contribution to the fight against HIV/AIDS worldwide

Public Service Foreign Affairs, Foreign Trade and Development Cooperation Communication Department, March 2006

http://www.dgos.be/documents/en/topics/aids/policy_note_aids_march2006.pdf

The five overarching objectives of *The Belgian Contribution to the fight against HIV/AIDS worldwide* are: use a human rights based approach in the fight against AIDS; support the national AIDS policy of the partners in the South; enhance the international response in a sustainable way; boost efficient and effective interventions; and build public support in Belgium for the global fight against HIV and AIDS.

An AIDS workgroup of the Belgian Interdepartmental Commission on Sustainable Development will co-ordinate and the Special AIDS Envoy will promote the implementation of this policy. AIDS mainstreaming will also be promoted within all relevant public services of the federal state, the regions, and communities.

Denmark

Strategy for Denmark's Support to the International Fight against HIV/AIDS

Ministry of Foreign Affairs, Technical Advisory Services, April 2005

<http://www.danidadevforum.um.dk/NR/rdonlyres/9D4B4AC6-71A3-419D-A649-25D19C9F0FB7/0/StrategyDenmarkSupportFightHIV.pdf>

The main goals of the *Strategy for Denmark's Support to the International Fight against HIV/AIDS* are: strengthening national planning and implementation of HIV and AIDS programmes, including supporting efforts aimed at improving coordination and harmonisation of the response at country-level; increasing focus on women and strengthening the linkages between gender equality, sexual and reproductive health and HIV and AIDS programmes; increasing focus on the synergies between HIV prevention and treatment; increasing focus on young people and on children orphaned or made vulnerable by HIV/AIDS; strengthening the involvement of the civil society in the planning and implementation of the HIV and AIDS response; fighting stigma and discrimination.

Finland

HIV/Aids as a development issue: Foreign Ministry Policy 2004

Ministry for Foreign Affairs of Finland, 2004

<http://formin.finland.fi/Public/download.aspx?ID=12391&GUID=%7B49FB99EE-7EFF-4942-B3CD-19F61E868AA5%7D>

Finland's strategy is based on twelve main points of focus: a balance between short term solutions and sustainable development activities; the need for an increase in financial and human resources; support of diverse activities; the need for universal access to education; closer cooperation and coordination for more effective use of resources; international harmonisation of HIV and AIDS work, and support of the "Three Ones"; channelling support primarily through the UN system to strengthen global coordination; an emphasis on Finland's HIV and AIDS initiatives during its Presidency of the Council of the European Union; an increase of regional support and the allocation of funds through NGOs to activities which compliment those of national governments; an emphasis on the holistic nature of HIV and AIDS efforts; increasing the resources available to women and children and to sexual and reproductive health services; the importance of treatment and strengthening national health care systems.

France

French policy on international cooperation in the fight against HIV/AIDS in developing countries

Minister of Foreign Affairs, June 2002

http://www.diplomatie.gouv.fr/en/IMG/pdf/sida_gb.pdf

The governmental HIV and AIDS programme is based around five strategic goals: the prioritisation, within the limits set by general policy directions defined internationally, of a regional approach taking into account national and local diversity; increasing the effectiveness of HIV and AIDS efforts through a holistic understanding of the issue; involvement of non-governmental partners and infected individuals; development of applied research in developing countries; the consolidation of achievements, which entails support over the medium and long terms.

The larger part of this strategy is implemented by two major special directorates in the Ministry of Foreign Affairs: the Development and Technical Cooperation Directorate (DDCT), along with the Scientific, University and Research Cooperation Directorate (DCSUR). The Mission for Nongovernmental Cooperation, the Ministry of Health, the ESTHER programme (Together for a Hospital Networking Partnership against AIDS), and the French Development Agency are also involved in implementing the strategy.

Germany

In Partnership against the Pandemic: Germany's Cooperation with Developing Countries in Response to HIV/AIDS

A policy paper of the German Federal Ministry for Economic Cooperation and Development (BMZ), October 2004

http://www.bmz.de/en/service/infothek/fach/spezial/spezial110/spezial110_90.pdf

The German Federal Ministry for Economic Cooperation and Development (BMZ)'s strategy for the response to HIV and AIDS in developing countries prioritises the following five elements: political dialogue with and in partner countries and international organizations; support of partner countries in reaching the necessary systemic prerequisites for providing basic social services relevant for the fight against HIV/AIDS; prevention; the improvement of opportunities for treatment, especially through providing access to medicines at reduced prices; active partnership with the private sector and civil society.

Sweden

Investing for Future Generations: Sweden's International Response to HIV/AIDS

Swedish International Development Cooperation Agency and Swedish Ministry for Foreign Affairs, 1999

<http://www.sida.se/shared/jsp/download.jsp?f=hivstr.pdf&a=1403>

Sweden's international response is based on four strategic goals: to enable people to protect themselves against HIV infection (HIV Prevention); to allow people infected and affected by HIV and AIDS to pursue their lives with quality and dignity (Care and Support); to encourage greater political commitment to HIV prevention programmes (Political Commitment); and to develop coping strategies to alleviate long-term effects (Coping Strategies). The Swedish government will offer financial assistance in line with the above priorities, but will also assume an expanded role where relevant.

The Ministry for Foreign Affairs and Swedish International Development Cooperation Agency (Sida) will consolidate the Swedish position vis-à-vis international organisations, including United Nations organisations, so as to guide relations and future dialogue with these organisations.

United Kingdom

Taking Action: The UK's strategy for tackling HIV and AIDS in the developing world Department for International Development, July 2004 <http://www2.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>

The key aims of *Taking Action* are to achieve stronger political direction, better funding, better donor coordination and better HIV and AIDS programmes. Within the UK Government, the Department for International Development (DFID) is the lead department for tackling HIV and AIDS in the developing

world, and an informal working group will be established to ensure that policy across Government is more coordinated. The key departments involved include: DFID, the Department of Health, the Foreign and Commonwealth's Office, HM Treasury, the Department for Education and Skills, the Ministry of Defense, the department of Trade and Industry, and the Home Office.

Also notable is the consultation process from which *Taking Action* emerged. This process is ongoing and provides civil society with an opportunity to provide input into the national strategy (<http://www.dfid.gov.uk/consultations/aids-strategy.asp>). For an independent interim evaluation of *Taking Action* please visit: <http://www.dfid.gov.uk/aboutdfid/performance/files/taking-action-final/contents.asp>.

United States of America

The President's Emergency Plan for AIDS Relief: U.S. Five-Year Global HIV/AIDS Strategy

Office of the United States Global AIDS Coordinator in collaboration with the United States Departments of State, Defense, Commerce, Labor, Health and Human Services, and the Peace Corps, February 2004

<http://www.state.gov/documents/organization/29831.pdf>

The central goals of the U.S. Strategy are to: encourage bold leadership at every level to fight HIV/AIDS; apply best practices within bilateral HIV and AIDS prevention, treatment, and care programs, in concert with the objectives and policies of host governments' national HIV and AIDS strategies; and encourage partners, including multilateral organizations and other host governments, to coordinate at all levels to strengthen response efforts, to embrace best practices, to adhere to principles of sound management, and to harmonize monitoring and evaluation efforts to ensure the most effective and efficient use of resources.

The Office of the U.S. Global AIDS Coordinator will lead an integrated U.S. Government global HIV and AIDS effort; provide a rallying point for private sector, faith based organization, and NGO efforts; and make necessary decisions and take actions to ensure that policies are harmonious, programs synergistic, and operations efficient and effective.

ATTACHMENT F: KEY DOCUMENTS

AIDS, Development and Canadian Policy: Achieving universal global access to prevention, care, treatment and support by 2010. DRAFT. Paul Thomas and John W. Foster, North-South Institute, 2007.

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