



November 17, 2008

The Right Honourable Stephen Harper  
Prime Minister of Canada  
Office of the Prime Minister  
80 Wellington Street  
Ottawa, ON K1A 0A2

Dear Prime Minister,

**Re: Demonstrating Canada's commitment to achieving universal access to HIV prevention, care and treatment by 2010**

As international development NGOs, AIDS service organizations, trade unions, faith-based, human rights and humanitarian organizations, joined together under the aegis of the Global Treatment Access Group (GTAG), we are writing you in lead up to World AIDS Day (December 1st) to call on you to show Canada's commitment to address the global HIV and AIDS crisis. If we have learned anything from the recent financial meltdown, it is that we live in a completely interconnected world and that we must act accordingly. In this current economic climate, any attempt by Canada and other nations to renege on our commitments of international assistance and cooperation will only worsen the crisis for developing countries, with dire consequences in terms of human suffering and unnecessary loss of life.

In countries struggling with the AIDS epidemic and its social and economic consequences, the current financial crisis will prove all the more devastating. Broken promises and unreliable funding are not acceptable for the estimated 33 million people living with HIV, or the millions who will become infected each year if HIV prevention is not sufficiently supported.

This World AIDS Day we urge you to honour Canada's international commitment made at the 2005 G8 meeting in Gleneagles, and then reaffirmed at the UN General Assembly in 2006, to help achieve universal access to HIV prevention, care and treatment by 2010. UNAIDS predicts that US\$ 42.2 billion is needed to achieve this goal. It is imperative that Canada contribute its fair share, and we offer you four suggestions to guide Canada in living up to its commitments as part of a growing aid budget.

**The Global Fund to Fight AIDS, Tuberculosis and Malaria**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a very successful demand driven funding initiative that has a proven track record in supporting country-led programming to address AIDS, TB and malaria. Increasingly, GFATM programs also strengthen health systems in addressing these diseases.

As of April 2008, the GFATM has approved a total of US\$10.8 billion for more than 550 grants in 136 countries. The GFATM is financed largely through commitments made by G8 countries during pledging meetings which take place every few years. The September 2007 replenishment conference raised about US\$11 billion in pledges for the period 2007 to 2010; among these was Canada's pledge of CDN\$150 million per year for three years.

During the replenishment conference donors based their commitments on the growth pattern of the GFATM, but acknowledged that they would make additional commitments if the level of demand increased. Over the

---

*The Global Treatment Access Group (GTAG) is a working group of international development, human rights, humanitarian, and AIDS service organizations, trade unions, student groups and faith-based groups seeking to improve access to essential medicines and other aspects of HIV prevention and care, treatment and support for people living with HIV/AIDS in developing countries.*

past year there has been a substantial effort to stimulate demand for GFATM projects. As a result, the technical review panel is likely to recommend that the GFATM board approve US\$2 billion worth of proposals, a figure which is twice as high as in previous rounds. Unfortunately, there may not be sufficient money to fund all the high-quality proposals and there is certain to be insufficient funds available to support proposals submitted for Round 9 which was launched October 1.

NGOs argued at the time of the September 2007 replenishment conference that, in order to meet the G8 and UN commitment to reaching universal access to HIV prevention, treatment and support by 2010, the GFATM needed something on the order of US\$18 billion over 3 years. Canada's share of this would be close to CDN\$300 million per year over three years, double our commitment to date.

The continued success of the GFATM requires donors to increase and live up to their commitments. Canada's contribution of CDN\$150 million per year is valuable and welcome, but it is not sufficient. We urge you to use this year's World AIDS Day as an opportunity to reconfirm Canada's commitment to the GFATM and to acknowledge that Canada will reassess and increase its pledge during the March 2009 mid-term replenishment review.

### **Comprehensive, Evidence-based Prevention**

Difficult economic times should not lead us to lose sight of long-term benefits, both economic and public health, of investing in prevention of illness and associated costs. If comprehensive HIV prevention is not sufficiently increased, the World Health Organization and UNAIDS predict that 60 million new cases of HIV infection will occur by 2015. The costs would be staggering. They are also avoidable.

We recommend that Canada support existing and proven HIV prevention tools (including evidence-based measures that reduce risks of sexual transmission and the transmission of HIV associated with injection drug use), as well as the research and development of new prevention technologies, including microbicides and vaccines against HIV. Ongoing Canadian support for the International AIDS Vaccine Initiative (IAVI) and the International Partnership for Microbicides (IPM) is important, but must be increased and sustained as part of the longer-term effort to turn the tide of the epidemic. We urge you to double funding provided to domestic and international initiatives to develop an HIV vaccine and microbicides as part of a commitment to long term aid increases.

Comprehensive, evidence-based prevention must also capture those who are at risk of contracting tuberculosis (TB). Highly infectious, yet curable, TB is one of the most common opportunistic infections people living with HIV and AIDS face. Worldwide as few as 1% of HIV-positive people in high tuberculosis burden areas have access to TB screening and sadly, TB is responsible for at least 1/3 of deaths of people living with HIV. In Africa this startling statistic rises to half. The WHO and global leaders who met in June of 2008 at the United Nations at a forum on TB-HIV have set a timetable of 2015 to provide quality, accessible TB-HIV care and services which, it has been estimated, could reduce deaths by 80%. Canada must ramp-up investments in universal access to TB-HIV care and services within its broader HIV/AIDS policy and programming framework.

### **Canada's Access to Medicines Regime**

Many developing countries already struggle to scale up access to AIDS treatment and other medicines to address a range of public health problems. The global financial crisis will only strain those limited resources even further, making it all the more important for countries to have access to low-cost but effective solutions. Canada is fortunate to have such a potential solution at hand.

Under Canada's Access to Medicines Regime (CAMR), the Government of Rwanda has received delivery of a key AIDS drug from a Canadian generic manufacturer, a fixed dose combination of 3 anti-retroviral medicines in a single tablet, greatly simplifying treatment and addressing what had been a gap in treatment options. The price is roughly one-third of what such a course of treatment would cost using the brand-name

medicines, making possible significant gains in the number of people treated with scarce resources. Should it prove possible to make further use of CAMR, economies of scale could well lower the cost further, yielding further benefits for patients in low-income countries.

This is a significant breakthrough but it has taken four years since Parliament passed the legislation that created CAMR and tremendous effort from one generic manufacturer and numerous non-governmental organizations. All indications are that this could be the last such use of the law unless it is made more user-friendly, an outcome in which all parties in Parliament have a stake, given that CAMR was an initiative enacted unanimously that declared Canada's intention to assist developing countries in obtaining access to medicines. The Regime can be simplified by replacing the current case-by case process for licensing and instead require only a single compulsory license authorizing export of lower-cost generic medicines to any of the eligible countries covered by the existing law.

We call on Canada to introduce legislation to simplify the Regime in this manner without delay.

**Official Development Assistance**

Effectively addressing HIV and AIDS requires that countries be able to address a range of development issues, including health systems strengthening. Development goals cannot be put on hold because wealthy nations are faced with economic troubles. In fact, at this time developing countries are increasingly in need of consistent and sufficient development aid from donor nations. We call on Canada to announce a timetable for fulfilling its international promise to raise official development assistance (ODA) to 0.7% of our gross national income (GNI) in the next ten years.

Now is not the time to turn our backs on the most marginalized by renegeing on Canada's international commitments; it is a time for leadership, through renewed commitments to helping realize a healthier world for all, particularly those most in need. We look forward to the opportunity to meet with you and your ministers to discuss how Canada can make its contribution to this global effort.

Yours truly,



Michael O'Connor  
Executive Director  
Interagency Coalition on AIDS  
and Development



Richard Elliott  
Executive Director  
Canadian HIV/AIDS Legal Network



Chris Dendys  
Executive Director  
RESULTS Canada

*On behalf of:*

AIDS Coalition of Cape Breton  
African Council of AIDS Service Organizations (AfrICASO)  
AIDS Action Now  
AIDS BOW VALLEY  
AIDS Committee of Guelph & Wellington County  
AIDS Committee of Toronto  
AIDS Committee of Windsor

AIDS Moncton  
AIDS Saskatoon  
Canada Africa Partnership on AIDS (CAP AIDS)  
Canada-Africa Community Health Alliance/Alliance  
de santé communautaire Canada-Afrique  
Canadian AIDS Society  
Canadian Association for HIV Research (CAHR)

Canadian Council for International Co-operation  
Canadian Crossroads International/Carrefour  
canadien international  
Canadian Grandmothers for Africa: National  
Advocacy Network  
Canadian Treatment Action Council (CTAC)  
Carrier Sekani Family Services  
Canadian AIDS Treatment Information Exchange (CATIE)  
Central Alberta AIDS Network Society  
Centre de coopération internationale en santé et  
développement (CCISD)  
Coalition SIDA des Sourds du Québec (CSSQ)  
CPAR (Canadian Physicians for Aid and Relief)  
CRWRC (Christian Reformed World Relief  
Committee)  
Global Youth Coalition on HIV/AIDS North  
Secretariat  
Help Lesotho  
HIV Edmonton

Human Rights Working Group on HIV/AIDS and  
Public Health, McGill Faculty of Law  
International Council of AIDS Service Organizations (ICASO)  
Lethbridge HIV Connection  
Link International Ministries - Canada  
McGill Global AIDS Coalition  
Michel Alary/Chercheur – URESP  
Northern AIDS Connection Society  
People to People Aid Organization (Canada) Inc.  
People's Health Movement Canada  
Plan Canada  
Positive Living North: No khēyoh't'sih'en't'sehena Society  
Positive Women's Network  
Positively AFRICA  
The SHARP Foundation (Society Housing AIDS  
Restricted Persons)  
Victoria AIDS Resource & Community Service  
Society

*C.c. Honorable Leona Aglukkaq, Minister of Health*  
*C.c. Honorable Tony Clement, Minister of Industry*  
*C.c. Honorable Jim Flaherty, Minister of Finance*  
*C.c. Honorable Bev Oda, Minister of International Cooperation*