

THE GLOBAL AIDS CRISIS: 5 STEPS CANADA SHOULD TAKE

A Civil Society Platform for Action

HIV remains a global health problem of unprecedented dimensions: as of 2007, an estimated 33 million people worldwide were living with HIV, of which 2 million were children. In 2008, only 42% of the 9.5 million people in need of antiretroviral therapy around the world were receiving it, and for every two people who started treatment, five new people became infected with HIV.

In 2000, Canada joined all other countries at the United Nations General Assembly in adopting eight “Millennium Development Goals” (MDGs) as the international community’s targets for addressing the world’s main development challenges — including halting and reversing the spread of HIV by 2015 and achieving universal access to HIV and AIDS treatment for all those who need it by 2010. Since 2005, G8 leaders have repeatedly committed to the goal of “universal access” to HIV prevention, care, treatment and support by 2010. Long-term, increased and sustained action to deliver on these promises is required.

The HIV pandemic is both worsened by and exacerbates the global economic crisis, rolling back development gains in many developing countries and undermining countries’ capacity to meet the needs of their people. The pandemic is fuelled by and perpetuates stigma, criminalization, discrimination, and the denial of human rights. Gender inequality puts women and girls at greater risk of contracting HIV, and also hinders their access to HIV prevention, treatment, care and support. 2010 marks the self-imposed deadline for the G8 countries’ commitment to achieving universal access to HIV prevention, care, treatment and support, and is but five years away from the 2015 deadline for achieving the Millennium Development Goals. In this critical year, Canada will host the G8 Summit and must show leadership to make a global push to achieve the Millennium Development Goals and the G8’s commitment to “universal access” by:

- Funding our fair share of the global response to HIV and AIDS
- Contributing to the strengthening of health systems
- Supporting comprehensive HIV prevention efforts
- Addressing TB, hepatitis C and malaria co-infections with HIV
- Making medicines affordable and accessible



The Global Treatment Access Group (GTAG) is a Canadian working group of international development, human rights, humanitarian, AIDS, student, labour and faith-based organizations seeking to improve access to essential medicines and other aspects of HIV prevention, care, treatment and support in developing countries.

FUND THE FIGHT

The UN's Joint Programme on HIV/AIDS (UNAIDS) estimates that US\$ 25.1 billion will be required to fund the global AIDS response in 2010 in low- and middle-income countries. The Global Fund to Fight AIDS, TB and Malaria, the most important multilateral mechanism for scaling up HIV prevention, care, treatment and support, faces a shortfall of up to \$5 billion, as of August 2009. Canada must contribute its fair share to fund prevention, care, treatment and support programs to address HIV in Canada and around the world. Canada's funding should be transparent and comprehensive, addressing HIV through a range of civil society, bilateral and multilateral mechanisms, including support for the international work of Canadian non-governmental organizations responding to HIV in developing countries.

We call on Canada to contribute its fair share in making universal access a reality by:

- Announcing a realistic but rapid timetable for raising Canada's official development assistance (ODA) from the current 0.32% to the long promised UN target of 0.7% of gross national income (GNI), as other countries have.
- As a part of the 0.7% of GNI ODA target, making a multi-year commitment to contribute Canada's fair share of 5% of the resources needed by the Global Fund to Fight AIDS, TB and Malaria.
- Promoting the immediate and unconditional cancellation of 100% of the multilateral and bilateral debt owed by countries burdened by HIV and AIDS, debt and poverty, and ensuring that no "conditionality" hinders the response to the pandemic.
- Pursuing the adoption of innovative financing mechanisms for health such as the Currency Transaction Levy (CTL). A currency transaction tax or levy is essentially a tax on wholesale or interbank foreign exchange transactions. An estimated US\$ 3.2 trillion, or more, of these occur every day.

STRENGTHEN HEALTH SYSTEMS

Achieving universal access — and indeed, reaching all the UN's health-related MDGs — requires effective health systems. Years of neglect, under-investment, and in some cases, poor governance, have eroded health systems, particularly where HIV prevalence is highest. Most acute is the shortage of skilled health workers, worsened by weak systems for training and supporting health care workers. Developed countries, including Canada, as well as some development agencies and private sector companies, continue to actively recruit health workers to Canada, often from the same countries where health needs are the greatest.

We call on Canada to pursue universal access goals by helping to the strengthen health systems by:

- Using ODA to assist the countries most affected by HIV to rebuild their healthcare workforce and support existing health workers to ensure that opportunities exist that reduce the urge or need for health workers in HIV-affected countries to leave.
- Developing a complementary, long-term strategy by working with provincial governments, universities, health care institutions, associations of health professionals and health worker unions to discourage active recruitment of health professionals from developing countries and to invest in the domestic recruitment, training and retention of health care workers in Canada, so as to minimize recourse to active recruitment of health workers from developing countries heavily affected by HIV
- Supporting publicly-funded health systems and opposing overt and hidden user fees in HIV and health programs, both via Canada's own development assistance funding and in international negotiations.
- Adopting and promoting a "do no harm" policy on health systems to ensure that HIV investments leave behind better health systems.

SUPPORT COMPREHENSIVE HIV PREVENTION

Without comprehensive HIV prevention efforts, the World Health Organization (WHO) and UNAIDS predict 60 million new cases of HIV infection by 2015. It is projected that scaling up comprehensive prevention efforts would avert half of all new HIV infections expected to occur between 2005 and 2015. Canada should support a comprehensive approach to HIV prevention that balances structural changes (e.g., strengthening health systems and promoting women's equality); expanding and strengthening existing prevention strategies (e.g., male and female condoms, harm reduction services to help prevent the spread of HIV among people injecting drugs and programs to prevent mother-to-child transmission of HIV); and targeted investments in new HIV prevention technologies (e.g., research and development of vaccines and microbicides, which are of particular importance in protecting women and children against HIV given other factors that put them at already higher risk, such as sexual violence).

We call on Canada to increase our efforts towards universal access by:

- Supporting evidence-informed measures that reduce risks of HIV transmission, domestically and internationally, as a matter of both policy and of funding. As a part of the 0.7% of GNI ODA target, making a multi-year commitment to contribute Canada's fair share of 5% of the resources needed by the Global Fund to Fight AIDS, TB and Malaria.
- Providing increased and sustained funding for domestic and international initiatives to research and develop new HIV prevention technologies, including microbicides and vaccines.
- Scaling up investment in the prevention of mother to child transmission (PMTCT) by funding services that integrate PMTCT services with maternal, newborn and child health services, and by increasing availability of and access to antiretroviral therapy for pregnant women and their babies.

ADDRESS HIV CO-INFECTION

As people with HIV live longer, opportunistic and related illnesses that threaten their health such as tuberculosis (TB), malaria and hepatitis C virus (HCV) threaten the basic aim of universal access: improving quality of life and extending the lives of people with HIV.

Despite being preventable and curable, tuberculosis (TB) is a leading cause of AIDS-related deaths worldwide: in 2008, TB claimed the lives of 456,000 people with HIV. In HIV-positive people, HCV compromises the immune system, causes liver complications, and is more difficult to treat. Along with general loss of immunity to malaria among HIV-positive adults, HIV-positive women have a much higher risk of malaria during pregnancy: the presence of HIV increases the risk of malaria affecting the foetus as well, which in turn, increases the risk of HIV transmission to the child.

TB, malaria and HCV co-infection threaten to roll-back gains made to date in securing access to treatment, particularly in sub-Saharan Africa where TB is the cause of 50% of deaths in people with HIV, where malaria is endemic, and where there is the world's highest rate of HCV infection. Efforts to scale-up access to anti-retroviral medicines for HIV must be accompanied by accessible and affordable capacity to detect, diagnose and treat co-infections.

We call on Canada to help achieve universal access through adopting an integrated approach to addressing TB, HCV and malaria co-infection, which requires:

- Adopting clear policies for addressing co-infections within our own domestic and global plans to address HIV and AIDS, and explicitly committing resources to addressing co-infection issues by ensuring people living with HIV have access to means of protecting themselves against these other diseases and to diagnosis, treatment and care for these other illnesses.
- Committing the programs and projects of the Canadian International Development Agency (CIDA) related to HIV, AIDS and universal access to include measures to prevent, diagnose and treat these other illnesses in areas where one or more of these co-infections is a particular risk (e.g., in HIV and AIDS programming in regions in Asia and Africa where TB and malaria are endemic).
- Actively promoting the creation of clear international guidelines for detecting, treating and monitoring TB, HCV and malaria co-infection with HIV within the broader international health community but particularly at the World Health Organization, World Bank and Global Fund to Fight AIDS, TB and Malaria.

MAKE MEDICINES ACCESSIBLE AND AFFORDABLE

The price of patented medicines is a major obstacle to achieving universal access to treatment for AIDS and numerous other diseases. In 2004, Parliament unanimously passed a law to help developing countries obtain more affordable, generic medicines from Canadian manufacturers but that laudable initiative was, and remains, flawed. Disincentives built into "Canada's Access to Medicines Regime" (CAMR) have discouraged generic pharmaceutical companies and developing countries from using it. Years after it was created, Canada's law has been used only once and there is little prospect it will use again in its current form.

Despite this failure to date, the hope and promise of the legislation remains: Canada's largest generic pharmaceutical company has made the commitment that, if CAMR is simplified, it will produce a lower-cost children's version of a key AIDS drug to supply to developing countries. Support for more tools to fight paediatric HIV is critical as drugs for children are often more expensive and are not as readily available: critical when HIV testing and treatment for HIV within the first 12 weeks of life reduces rates of death by as much as 75%. Legislative amendments to CAMR have been proposed; they require support from Parliament to get the law right.

An additional way to reduce costs is to implement a patent pool bringing together patents held by various corporations and institutions, facilitating licensing them to other producers for a fee. UNITAID is currently developing an initiative for such a pool on a voluntary basis. UNITAID is an association of several dozen governments, initiated by France, which acts as an innovative funding facility for drug purchase and other initiatives, dealing with HIV/AIDS, TB and malaria. Canada is not a member.

We call on Canada to take urgent steps towards achieving universal access and making medicines accessible and affordable by:

- Fixing Canada's Access to Medicines Regime (CAMR) by making the necessary amendments to streamline the process of licensing generic manufacturers to supply developing countries with lower-cost medicines. In particular, Parliament should adopt the "one-licence solution" within CAMR — one licence on a patented medicine that would allow exports to any of the developing countries covered by the law, without the advance restrictions on quantity or arbitrary time limits that are currently in place or the restriction to supplying just one country at a time.
- Promoting the opportunity to obtain more affordable medicines from Canadian generic manufacturers to developing countries and brokering exploratory meetings between Canadian generic manufacturers and health ministries in developing countries.
- Support the establishment of a medicine patent pool to strengthen existing access to essential AIDS treatment by taking necessary legal, economic and other steps in partnership with UNITAID and other key stakeholders.

THIS CALL FOR ACTION IS ENDORSED BY:

Access AIDS Sudbury
Action Canada for Population and Development
Africafiles
African and Caribbean Council on HIV/AIDS in Ontario
Africans in Partnership Against AIDS
AIDS Committee of Chatham-Kent
AIDS Committee of Kitchener, Cambridge, Waterloo and Area
AIDS Committee of London
AIDS Committee of Ottawa
AIDS New Brunswick
AIDS Program South Saskatchewan
AIDS Saint John
AIDS Saskatoon
AIDS Thunder Bay
Alliance for South Asian AIDS Prevention
ANKORS:Kootenay AIDS Service
Asian Community AIDS Services
The Assembly of First Nations (AFN)
Blood Ties Four Directions Centre
British Columbia Persons With AIDS Society
BRAS Outaouais
Central Alberta Addictions Consortium
Canadian Aboriginal AIDS Network
Canada Africa Community Health Alliance
Canada Africa Partnership on AIDS (CAP AIDS)
Canadian Association of HIV Research
Canadian AIDS Society
Canadian AIDS Treatment Information Exchange
Canadian Council for International Co-operation
Canadian Crossroads International
Canadian Federation of Nurses Unions
Canadian HIV/AIDS Legal Network
Canadian Labour Congress
CPAR-Canadian Physicians for Aid and Relief
Canadian Public Health Association
Canadian Society for International Health
Canadian Treatment Action Council
Canadian Union of Public Employees
Canadian Working Group on HIV and Rehabilitation
CIHR Canadian HIV Trials Network
City of Prince Albert
Commission de la sante et des service sociaux des
premieres Nations Quebec et Labrador
CUSO
Defence for Children International Canada
Dignitas International
Healing Our Spirit
Hiieyu Lelum Society
HIV Network of Edmonton Society
HIV Society of Southeastern Alberta
Interagency Coalition on AIDS and Development
International Council of AIDS Service Organizations (ICASO)
KAIROS – Canadian Ecumenical Justice Initiatives
New Heights Community Health Centres
Maison Plein Coeur
Manitoba Nurses' Union
Mennonite Central Committee
The National Advocacy Committee of the Grandmothers
to Grandmothers Campaign
National Congress of Black Women's Foundation
Northern AIDS Connection
North-South Institute
Oasis Health Centre
Ontario Council for International Cooperation
Ontario First Nations HIV/AIDS Education Circle
Ontario HIV Treatment Network
Ontario Nurses' Association
Oxfam Canada
Oxfam Québec
People to People Aid Organization (Canada) Inc.
Plan International Canada Inc
Positively AFRICA
Positive Women's Network
Results Canada
Sandy Hill Community Centre
SIDACTION (Trois-Rivieres)
SIDALYS
SHARP FOUNDATION
Save the Children Canada
Stella
STOP TB Canada
Tsewulhtun Health Center Cowichan Tribes
2-Spirited People of the First Nations
UNICEF Canada
Unité de recherche en santé des populations
The United Church of Canada
Victoria AIDS Resource & Community Service Society
(VARCS)

For more information about the Global Treatment Access Group, and advocacy in support of this platform, contact:

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AIDS

CLOCK
PEOPLE LIVING WITH HIV/AIDS WORLDWIDE
35,380,003

APRIL 13 @ 11:00 A.M. ET
UN POPULATION FUND
www.unfpa.org/aids_clock/index.html

In the time taken to read this document, an estimated 100 people have become infected with HIV. Act now.