



---

12 March 2002

The Right Honourable Jean Chrétien, P.C., M.P.  
Prime Minister  
Room 309-S, Centre Block  
Langevin Building  
80 Wellington Street  
Ottawa, ON K1A 0A2

**Re: Africa and Public Health at the 2002 G8 Summit in Kananaskis**

Dear Prime Minister:

As humanitarian, human rights, health, labour and development organizations actively engaged in the Canadian and international responses to the global HIV/AIDS pandemic, we wish to commend you on your address to the World Economic Forum on the 1 February 2002 in New York, and on your leadership in support of the objectives outlined within the New Partnership for Africa's Development (NEPAD) initiative. However, whilst NEPAD presents an important opportunity to reduce the levels of poverty and violence in Africa, we are concerned that some of the most serious challenges facing the continent are not receiving adequate attention within NEPAD or the G8 response.

One of the most neglected areas within NEPAD is HIV/AIDS. African civil society, Canadian organizations and experts are all equally concerned that the struggle against HIV/AIDS and other communicable diseases is largely ignored by NEPAD. Dr. Peter Piot, the Executive Director of UNAIDS, describes HIV/AIDS as "the biggest threat to the continent's development and its quest to bring about an African renaissance". To put it bluntly, the disease is a drain on development. While international law recognizes the universal right to the highest attainable standard of health, and establishes governments' obligations to take legislative, economic and other measures that will progressively realize the health of their people, the global inequities between rich nations and developing countries are worsening. In Africa, the public health gap is now a matter of life and death for millions.

AIDS and other communicable diseases such as tuberculosis and malaria constitute the leading causes of early death on the continent. According to UNAIDS latest *AIDS Epidemic Update*, 28.1 million Africans now live with the virus. Recent antenatal clinic data indicate that several regions within southern Africa have prevalence rates among pregnant women in excess of 30%. Without adequate treatment and care, most of these people will not survive the next decade - leaving millions of children without parents.

Elsewhere, these same diseases are fought effectively through the provision of prevention programmes and access to essential drugs, treatment and care. However, in Africa, the developmental impact of AIDS and other communicable diseases on the labour force, private investment, education systems, communities and families is feeding the growing economic crisis. Therefore, any African recovery plan that aims to stimulate growth and eradicate poverty must include a strong public health policy and framework. At the last G8 meeting in Italy, leaders of the industrialised countries committed themselves to address AIDS and other communicable diseases through the establishment of the Global Fund to Fight AIDS, TB and Malaria (GFATM). When the fund was established, it was estimated that an annual target of \$US 7-10 billion would be required from various sources over a period of ten years before we could anticipate that the Fund would have a significant impact in those countries in which prevalence rates are high. Unfortunately, contributions to the Global Fund have been much lower than expected, reaching less than one tenth of the amount required.

With respect to the provision of essential drugs, there is no doubt that great progress was made in 2001 – culminating in the agreements made at the 4th Ministerial Conference of the World Trade Organization held in Doha in November. The issue of global access to affordable medicines was high on the international agenda, and we appreciate the timely personal attention that you paid to this very important matter. The main Ministerial Declaration adopted in Doha stresses the importance of interpreting and implementing the TRIPS Agreement “in a manner supportive of public health”. The ministers also adopted a separate “Declaration on the TRIPS Agreement and Public Health that clearly outlines the right of WTO member countries to override patents in order to protect public health and, in particular, to promote access to medicines through the importation or manufacturing of generic drugs.

But the Declaration also acknowledges that the TRIPS Agreement imposes a damning restriction: countries that issue compulsory licenses authorizing the production of generic drugs must do so “predominantly” for their own domestic market. During the 20-year lifespan of a drug patent, countries cannot authorize the production of generic drugs that would be exclusively or principally intended for export to countries that need drugs but do not have the domestic capacity to produce them. To address the needs of poor countries, the Declaration “instruct[s] the Council for TRIPS to find an expeditious solution to this problem and to report to the General Council [of the WTO] before the end of 2002.” Consequently, identifying a just and urgent regulatory solution should be a major focus of attention within the G8 strategy for Africa, so as to achieve equitable access to treatment for HIV/AIDS and other communicable diseases.

In June 2001, the Canadian delegation to the UN General Assembly Special Session on HIV/AIDS (UNGASS) played a significant role in achieving a global consensus with respect to the human rights dimensions of interdependent strategies for the prevention, treatment and care of HIV/AIDS and opportunistic diseases. In addition, Canada contributed to the important debate around the

development and promotion of strong, national health infrastructures. It is now recognized that in those countries where health infrastructures are underdeveloped and impoverished, this inadequacy must be seen as an urgent target for international action – and not as an insurmountable obstacle, or excuse for denying equitable access to medicines and other forms of health care. Yet, beyond water and sanitation, the strategic framework of NEPAD is silent on health infrastructure development. This is possibly because the document was released soon after the launch of the Global Fund to fight AIDS, Tuberculosis and Malaria, thus reflecting an expectation that all health infrastructures and drug costs would be addressed through the GFATM. Such an assumption could be fatal to millions of Africans if G8 countries do not make greater financial commitments to the Global Fund to address these urgent needs.

In conclusion, we would like our country to contribute significantly to saving the lives of millions of fellow human beings around the world. To this end, we would like to suggest that Canada incorporate the following objectives in our work plan leading up to the 2002 G8 Summit in Kananaskis:

- G8 leaders must be encouraged to renew their commitment to fight communicable diseases and submit practical plans to reach this goal by increasing support to the Global Fund and other bilateral and multi-lateral mechanisms;
- All trade agreements (including TRIPS, FTAA and others) must allow for the effective use of compulsory licenses for producing quality generic medicines for export to developing countries and least-developed countries in need of more affordable drugs;
- Official Development Assistance for health care infrastructure in developing countries should be increased and, in relation to the NEPAD-proposed infrastructure developments, should also form an important component within the G8 Africa Action Plan.

Thank you very much for your continued attention to this urgent matter.

Yours faithfully



Michael O'Connor, Executive Director  
Interagency Coalition on AIDS & Development

Hon. Flora MacDonald, Vice Chair  
Partnership Africa Canada

Ralf Jürgens, Executive Director  
Canadian HIV/AIDS Legal Network

Louise Binder, Co-Chair  
Canadian Treatment Action Council

A. John Watson, Executive Director  
CARE Canada



Ken Georgetti, President  
Canadian Labour Congress

David Morley, Executive Director  
Medecins Sans Frontieres

Paul Lapierre, Executive Director  
Canadian AIDS Society

Kevin Midbo, Chair  
Alberta Community Council on HIV/AIDS

Gerald H. Dafoe, Chief Executive Officer  
Canadian Public Health Association

Anne Fanning, Chair  
StopTB Canada

Catherine Little, National Manager  
Results/Résultats Canada

Ann Weston, Vice-President and Research Coordinator  
The North-South Institute

Marc Dolgin  
World University Service of Canada

**Copies:**

Hon. Bill Graham  
Minister of Foreign Affairs

Hon. Paul Martin  
Minister of Finance

Hon. Pierre Pettigrew  
Minister of International Trade

Hon. Susan Whelan  
Minister for International Co-operation

Hon. Allan Rock  
Minister of Industry

Hon. Anne McLellan  
Minister of Health