



CANADA'S ROLE IN FINANCING THE GLOBAL RESPONSE TO HIV/AIDS

Written Submission for the Pre-Budget
Consultations in Advance of the 2020 Budget

By: Interagency Coalition on AIDS and Development (ICAD)

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Recommendation 1: That the Government of Canada invests in addressing HIV and the determinants of health within Canada, with special focus on the most vulnerable populations, leaving no one behind.

Recommendation 2: That the Government of Canada invests in global HIV prevention research efforts through funding of the International Partnership for Microbicides and the International AIDS Vaccine Initiative.

Recommendation 3: That the Government of Canada commit to a minimum 20 percent increase in its contribution to the 2019 Global Fund Replenishment.

Recommendation 4: That the Government of Canada increase investment in the IAE, including investment in multilateral institutions, with the target of meeting the long-established, internationally-agreed target of 0.7 percent of GNI going to ODA, and realizing the Sustainable Development Goals.

INTRODUCTION

As a coalition of approximately 100 AIDS service organizations, non-governmental organizations, faith-based organizations, educational institutions, labour unions and individuals, the Interagency Coalition on AIDS and Development (ICAD) provides leadership in the response to the global HIV epidemic.

We are at a critical juncture when it comes to curbing the HIV epidemic. Impressive gains have been made in improving treatment access for people living with HIV, but prevention of new infections has not kept pace and investments are lacking for the increasing number of people requiring treatment. There is a 20 percent shortfall between what is needed to address HIV globally and what is available¹. Without increased investment, the progress in addressing HIV will roll back.

As a coalition of Canadian organizations and individuals, we know that Canadians are committed to their global responsibilities and to contributing a fair share of Canada's wealth to advancing health and well being around the world.

Canada has signed on to UNAIDS' targets, which are aimed at achieving the ultimate goals of zero new infections, zero deaths from AIDS, and zero stigma related to HIV, and to achieving the Sustainable Development Goal (SDG) of ending AIDS, TB and malaria by 2030², has ushered in the Feminist International Assistance Policy (FIAP), and announced a bold investment in advancing the health and rights of women, adolescents and children around the globe. This is a unique moment to truly make a difference in the lives of the world's poorest people, and for Canada to show continued leadership on the global stage.

ICAD is requesting investment in four key areas: the domestic HIV and TB responses, global HIV/TB prevention research efforts; the Global Fund to Fight AIDS, TB and Malaria, and Overseas Development Assistance (ODA).

1. INVESTING IN THE HIV/TB RESPONSE WITHIN CANADA

In order to achieve global targets Canada must increase its investment in HIV and TB prevention, care, treatment and support. There is little hope of realizing and sustaining ambitious goals without adequately funding the response — including the community-based response. The Public Health Agency of Canada's own data confirm that in the 12 years since the Federal Initiative was launched, more than \$104 million in funds committed to the federal HIV strategy has been lost³. These funds must be re-invested into Canada's domestic HIV response.

At the end of 2016, an estimated total of 63,110 people in Canada were living with HIV, an increase of about 5% from the 2014 estimate⁴. With adequate care, treatment and support, people living with HIV can lead long and productive lives. Increased investment by Canada is vital in closing the gap between people who have access to HIV services and people who are being left behind, including: young people,

¹ UNAIDS (2018). *Miles to go—closing gaps, breaking barriers, righting injustices*.

² UN General Assembly (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*, UNGA Resolution A/RES/70/1, Sustainable Goal 3. <https://sustainabledevelopment.un.org/sdgs>

³ Canadian HIV/AIDS Legal Network (2018): *The Missing Millions: Stopping and Reversing the Steady Erosion of Federal HIV Funding*. <http://www.aidslaw.ca/site/the-missing-millions-stopping-and-reversing-the-steady-erosion-of-federal-hiv-funding/?lang=en>

⁴ PHAC (2018): *Summary: Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2016*. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/summary-estimates-hiv-incidence-prevalence-canadas-progress-90-90-90.html>

people who use drugs, sex workers, gay men and other men who have sex with men, transgender people, Indigenous People, prisoners, newcomers from countries where HIV is endemic, and people aged 50 years and older.

While HIV/TB programs are required across the country and across different populations, particular attention should be paid to investing in health and social service infrastructure for Indigenous populations across Canada. In 2016 Indigenous people represented about 9.6 percent of all people living with HIV, and 11.3 percent of new HIV cases diagnosed in Canada, yet represented only 4.9 percent of the Canadian population in the 2011 census⁵. Similarly, they bear the burden of TB with over 170 cases per 100,000 people, compared to 4.8 cases among non-Indigenous populations. Inuit communities are seeing rates of TB at 300 times the rate of their non-Indigenous counterparts. Indigenous populations are more vulnerable to HIV/TB because of a variety of determinants of health, including poverty, housing and homelessness, access to health services, racism and the multigenerational effects of colonialism and the residential school system.

Another population requiring particular attention is newcomers to Canada. As immigration patterns shift in Canada, so too do the needs of service providers across the country. People from countries where HIV and TB are endemic (over 90 percent of whom are from Africa and the Caribbean) continue to be over-represented in Canada's HIV epidemic, accounting for an estimated 13.6 percent of new infections in 2016, but only 2.5 percent of the Canadian population in the 2011 census⁶. Service providers across the country require adequate resources and training to provide culturally competent services appropriate to all newcomers to Canada, as do national initiatives that enable service providers to share resources, expertise and best practices.

Recommendation 1: That the Government of Canada invests in addressing HIV and the determinants of health within Canada, with special focus on the most vulnerable populations, leaving no one behind.

2. INVESTING IN RESEARCH AND DEVELOPMENT OF MICROBICIDES AND VACCINES FOR HIV PREVENTION

It is in Canada's best interest—both domestically and internationally—to invest in disease prevention efforts, which will save lives and money in the long term and increase productivity by reducing the incidence of HIV. In line with Canada's FIAP, there is an urgent need for women to have control over their own sexual and reproductive health choices, including HIV prevention. Prevention methods such as condoms and abstinence are not always realistic options for women, especially those who are married, who want to have children or who are at risk of sexual and intimate partner violence. There have been great advances in HIV-prevention research in recent years; however, existing prevention options and treatment are not enough to end the epidemic.

There is a critical need for ongoing research into the development of additional and female initiated prevention technologies. Canada has been a strong supporter of global research efforts and the development of such technologies. From 2005 to 2010, Canada contributed \$30 million to the

⁵ Ibid.

⁶ Ibid.

International Partnership for Microbicides (IPM), and between 2000 and 2010 contributed \$82 million to the International AIDS Vaccine Initiative (IAVI).

Surprisingly, Canadian funding for IPM and IAVI has yet to be renewed. It would be a lost opportunity if Canada chose to remain on the sidelines at this crucial time when promising research into microbicides and vaccines progresses. IPM's dapivirine ring has been shown to be safe and effective and is undergoing regulatory review. HIV vaccine research has made advances, including in the identification of broadly neutralizing antibodies that promise significant contribution to fighting HIV and other global public health threats, as well as progress against antimicrobial resistance and towards the global health security agenda.

We urge Canada to renew its contribution to international multilateral research institutions that have proven track records and the capacity to pool global resources—financial, technological and scientific. It is critical to the search for new HIV prevention technologies and to ensuring access to these technologies once they are found safe and effective, that global initiatives be adequately and consistently resourced.

Recommendation 2: That the Government of Canada invests in global HIV prevention research efforts through funding of the International Partnership for Microbicides and the International AIDS Vaccine Initiative.

3. FUNDING CANADA'S FAIR SHARE OF THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA

The Global Fund is an international financing institution that mobilizes and disburses resources to countries to support programming that prevents, treats, and cares for people living with and affected by HIV, TB and malaria. Providing the greatest value for highest impact, the Global Fund estimates that its partnership support programs that have saved more than 27 million lives as of the end of 2017. Now is the time to accelerate the investment. Programs supported by the Global Fund will save 16 million lives from 2020-2023, and will avert up to 234 million new infections⁷.

The Global Fund is a partnership between governments, civil society, the private sector and affected communities, often referred to as the “gold standard” for international health financing. Canada has been a committed supporter of The Global Fund since its inception in 2002, with contributions to date totaling close to CAD 2.9 billion. Canada demonstrated its support by hosting the 2016 Replenishment Conference and committing CAD 785 million⁸, representing a 20 percent increase in its contribution to the Global Fund for the 2017-19 period. We urge Canada to continue its strong leadership in addressing the three diseases amongst the most vulnerable and supporting this unique and effective model through a minimum of an additional 20 percent increase in its contribution during the 2019 Global Fund Replenishment.

Recommendation 3: That the Government of Canada commit to a minimum 20 percent increase in its contribution to the 2019 Global Fund Replenishment.

⁷ <https://www.theglobalfund.org/en/stepupthefight/>

⁸ <https://www.theglobalfund.org/en/news/2016-05-09-canada-to-host-global-fund-replenishment/>

4. INCREASING INVESTMENT IN OVERSEAS DEVELOPMENT ASSISTANCE AND SETTING A TIMETABLE OF PREDICTABLE INCREASES

In June 2005, all parties in the Canadian Parliament endorsed the goal of reaching ODA as 0.7 % of Canada's gross national income (GNI) over the next ten years. Unfortunately, after FY2018/19, the International Assistance Envelope (IAE) will only see an annual increase of roughly \$100 million. As of FY2020/21, this is equivalent to a 1.3-1.9 % increase year-on-year. Taking into account that inflation is around 2% percent, and 2% of \$5 billion is \$100 million, as of FY2019/20 there will be no increase in real dollars to the IAE⁹. In terms of ODA to GNI ratio, it will hover at around 0.26 and 0.27 during this time-period. Against this metric, this will leave the current Liberal government with the worst track record of any Canadian government in five decades in terms of international assistance.¹⁰

To contribute its fair share to the advancement of the SDGs globally, Canada must increase ODA investments towards realizing the 0.7 % target of GNI. ODA investments should include sustained investment in multilateral institutions which have the capacity to leverage global resources, including domestic financing.

Recommendation 4: That the Government of Canada increase investment in the IAE, including investment in multilateral institutions, with the target of meeting the long-established, internationally-agreed target of 0.7 percent of GNI going to ODA, and realizing the Sustainable Development Goals.

CONCLUDING STATEMENT

Curbing the HIV and TB epidemics requires global collaboration and 2019 will be a turning point in our ability to end HIV, TB and malaria. Canada has demonstrated global leadership before and must continue to do so by living up to the international commitments it has made, and supporting the global initiatives that have proven capacity to pool resources and contribute effectively to the HIV/TB response, all within an increasing ODA budget.

We thank the Standing Committee on Finance for reviewing this submission and request your consideration in inviting ICAD to provide a verbal submission.

Respectfully submitted,



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⁹ CCIC (2018). *Assessment of Budget 2018*. <https://ccic.ca/wp-content/uploads/2018/06/EN-Budget-2018-Analysis-Final-Clean.pdf>

¹⁰ Ibid.