

Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget: 2021

Submitted by:
The Canadian AIDS Society
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2021 Pre-Budget Recommendations from the Canadian AIDS Society:

- 1) That the federal government increase funding specifically allocated to address HIV in Canada to \$100 million annually, as recommended by the Standing Committee on Health in 2019, and incrementally increase funding for the integration of all other sexually transmitted and blood-borne infections (STBBIs);**
- 2) That the federal government provide \$1 million annually over the next five years to support the execution of a national HIV Testing Week, in the form of national coordination, marketing, and uptake of new testing technologies; and**
- 3) That the federal government increase preparedness for future pandemics and other potential challenges, specifically for the HIV sector, by facilitating a national collaboration strategy to provide feedback on sector needs and roundtable discussions related to COVID-19.**

THE CANADIAN AIDS SOCIETY

The Canadian AIDS Society (CAS) is a national coalition of community-based HIV/AIDS and harm reduction organizations across Canada. CAS and its community members are dedicated to reducing HIV infection rates and strengthening the care and support for those living with, or affected by, HIV/AIDS.

For almost 30 years, CAS has played a critical leadership role in rallying governments, **improving** the health care system, and **promoting** the research and development of new drug therapies to successfully fight the HIV/AIDS epidemic. Today, recognizing the strong parallels between the AIDS crisis in the 1980s and 1990s and the current opioid crisis, CAS is sharing its knowledge and expertise to help address the growing opioid epidemic. Furthermore, CAS's experience in virus outbreak response and the work we do with some of the most vulnerable Canadians, will be critical for protecting the health and safety of Canadians as COVID-19 continues to be a global pandemic.

SCOPE OF THE HIV CHALLENGE: A THREAT TO CANADA'S PUBLIC HEALTH AND ECONOMIC PROSPERITY

Growing HIV Infection Rates in Canada

HIV continues to be a national public health issue in Canada. In 2018, the number of new HIV infections reported rose to 2,561—the highest in the last ten years¹. Based on this data from the Public Health Agency of Canada (PHAC), between six and seven new HIV infections occur every day.

In 2016, Saskatchewan physicians called on their government to declare a public health state of emergency over the high number of people diagnosed with HIV. Indigenous communities in the prairies continue to bear a disproportionate burden, where pockets of HIV outbreaks have become comparable to some developing countries where HIV is endemic².

Today, more than 67,000 Canadians are living with HIV/AIDS. One in seven people do not know they are HIV positive and many are reluctant to get tested.¹ Many of the behaviours associated with HIV transmission are highly stigmatized, which can result in individuals not wanting to come

¹ Public Health Agency of Canada. *HIV in Canada – Surveillance Report*, 2018, <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2019-45/issue-12-december-5-2019/ccdrv45i12a01-eng.pdf>

² CBC News Saskatoon. *Saskatchewan doctors call for state of emergency over HIV spike*, September 19, 2016. <https://www.cbc.ca/news/canada/saskatoon/saskatchewan-doctors-state-of-emergency-hiv-1.3768183>

forward to be tested. Additionally, the criminalization of HIV further contributes to stigma and the subsequent reluctance to be tested. As a result, the shame and fear of being HIV positive is a huge driver for new infection rates.

2018 Federal Funding Cuts to Community-Based HIV/AIDS Organizations

In 2018, CAS and 33% of community-based HIV/AIDS organizations – more than 40 groups – had their federal funding cut to zero by PHAC, while many others had it significantly reduced.

The funding cuts to these organizations from PHAC have resulted in a drastic reduction in vital programming that supports the care and treatment of people living with HIV/AIDS. In anticipation of the funding changes, organizations across Canada were forced to make changes to their programming and operations, resulting in increased rates of HIV year after year. If HIV rates continued to decline as they had before funding changes were announced in 2015, we estimate that approximately 1,909 fewer HIV infections would have occurred between 2015 and 2018.

For CAS, the immediate negative impacts of being defunded by PHAC included:

- significantly diminished national HIV Testing Days in June 2018 and 2019;
- the end of CAS's national leadership to champion the annual AIDS Walk, which raised \$1.4 million in 2017 and \$45 million over the last 30 years; and,

Canada Has Missed United Nations Targets to Fight HIV/AIDS

Canada supports the global targets established by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization, including the 90-90-90 targets (by 2020, 90% of all people living with HIV know their status, 90% of those diagnosed receive antiretroviral treatment, and 90% of those on treatment achieve viral suppression). However, Canada has failed to achieve these targets: the last estimates revealed that 86% of people living with HIV knew their status, of which 81% were on medication and 91% of those on medication had achieved an undetectable viral load.³

In 2019, Prime Minister Justin Trudeau pledged over \$930 million over three years to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. This financial commitment represented a 16% increase from Canada's previous contribution level. CAS applauds the federal government's increased investments for the fight against HIV/AIDS globally; however, Canada's HIV and Hepatitis Community Action Fund has remained grossly underfunded domestically.

³ CATIE. Canada makes some progress on HIV but much work lies ahead. July 26, 2018, <https://www.catie.ca/en/catieneews/2018-07-26/canada-makes-some-progress-hiv-much-work-lies-ahead>

THE STRONG ECONOMIC RATIONALE FOR INVESTING IN HIV/AIDS PREVENTION AND TREATMENT

While the health and quality of life of people living with HIV is paramount, there are also critical financial implications for our health care system and economy more broadly in relation to HIV/AIDS. Since HIV/AIDS is a highly preventable disease, acting to reduce HIV infection rates will save the economy billions of dollars in gained labour (and volunteer) productivity as well as reduced health care costs every year.

The Economic Burden of HIV-Related Health Care Costs

According to a 2015 study published in the Canadian Journal of Infectious Diseases and Medical Microbiology, **the cost of treating someone with HIV was up to \$24,000 a year in 2012⁴**. These treatment costs increase annually.

Based on the estimates of approximately 2,500 new HIV diagnoses in Canada annually, this amounts to \$60 million in increased costs to the over-burdened health care system each year. Reducing the number of new infections each year by 50% over a five-year period would save Canada's health care system \$150 million.

Lost Labour Productivity and Supply Costs of HIV

HIV has a significant impact on an individual's lifetime earnings as it generally affects people in their prime earning years. HIV may cause an individual to reduce their time spent working for three primary reasons:

- an HIV infection leaves a person fewer healthy hours per week to spend working;
- the individual may succumb to the disease prior to reaching the age of retirement; and,
- since the individual will likely spend fewer years, if any, in retirement, they have reduced incentive to work to save for retirement.

A 2011 study **found the economic loss to people recently infected with HIV is \$1.3 million per person⁵**. Based on PHAC's estimates that 2,500 new HIV infections occur each year, the lost

⁴ Estelle Ouellet, Madeleine Durand, Jason R Guertin, Jacques LeLorier, and Cécile L Tremblay, "Cost Effectiveness of 'On Demand' Hiv Pre-Exposure Prophylaxis for Non-Injection Drug-Using Men Who Have Sex with Men in Canada," Canadian Journal of Infectious Diseases and Medical Microbiology, vol. 26, no. 1, pp. 23-29, 2015. <https://doi.org/10.1155/2015/964512>.

⁵ Institute of Health Economics at the University of Alberta, The Economic Cost of HIV/AIDS in Canada, 2011, <http://www.cdnaids.ca/wp-content/uploads/Economic-Cost-of-HIV-AIDS-in-Canada.pdf>

labour productivity costs to Canada's economy from new HIV infections in 2018 alone could be some \$3.25 billion over the span of these people's lives.

CAS PRE-BUDGET RECOMMENDATIONS

In recognition that HIV/AIDS remains a persistent health issue in Canada, costing Canada's economy billions of dollars in lost labour productivity and supply, and adding additional billions in medical costs for care and treatment to Canada's overburdened health care system, CAS recommends that:

- 1. The federal government increase funding specifically allocated to address HIV in Canada to \$100 million annually, as recommended by the Standing Committee on Health in 2019, and incrementally increase funding for the integration of all other STBBIs.**

This increase recognizes the significant role community-based HIV/AIDS organizations play in education and prevention, as well as supporting people living with HIV to lead healthy and productive lives. Mission-based funding should be considered to support organizations with limited funding sources further stretched by the COVID-19 pandemic.

- 2. The federal government provide \$1 million annually over the next five years to support the execution of a national HIV Testing Week, in the form of national coordination, marketing, and uptake of new testing technologies.**

This funding would build on the cross-country success of the [2018 and 2019 National HIV Testing Days](#), which included participation from coast to coast, despite no federal government financial support.

In addition to CAS, the steering committee for this new initiative included:

- ENSEMBLE (formerly AIDS Moncton)
- COCQ-Sida
- Ontario AIDS Network
- Nine Circles Community Health Centre
- AIDS Saskatoon
- Alberta Community Council on HIV
- HIV Edmonton
- Pacific AIDS Network
- AIDS Coalition of Nova Scotia
- AIDS Committee of Newfoundland and Labrador
- CATIE
- Canadian Aboriginal AIDS Network
- Women's Health in Women's Hands

These groups collaborated with community-based organizations across the country to implement local HIV Testing Day events in their communities. Local and provincial health authorities also collaborated to deliver the project, stating it addresses an unmet need in the current Canadian health care system. In its first two years, national HIV Testing Day has resulted in thousands of people being tested for HIV and other STBBI and significant local and national media attention in English and in French.

Since an estimated 14% of those living with HIV in Canada are currently unaware of their HIV status,⁴ it is vital that significant investments are made in testing initiatives throughout the country. Federal funding will allow new testing technologies and strategies that can be adapted to the needs of each participating community and reach the most marginalized priority populations.

3. That the federal government increase preparedness for future pandemics and other potential challenges, specifically for the HIV sector, by facilitating a national collaboration strategy to provide feedback on sector needs and roundtable discussions related to COVID-19.

The COVID-19 pandemic has displayed the effects of emergency unpreparedness and chronic lack of support for those most vulnerable to health emergencies in our society. We need to acknowledge the importance of increased preparedness for our sector in case of future pandemics, and ensure that the sector is prepared to shift priorities during impactful events such as COVID-19, now and in the future. We have seen increases in opioid-related overdoses and deaths in Canadians who use drugs due to these shifting priorities over the past few months.⁶ Now, data is indicating that cases of STBBI, including HIV, are also increasing. Chronically underfunded front line organizations have been required to carry the burden of the COVID-19 pandemic. The federal government's emergency preparedness must be improved so that our front line organizations can be adequately supported as they address public health emergencies.

CAS appreciates this opportunity to update the Standing Committee on Finance on the fight against HIV in Canada and the urgent need for increased investments at the community level. We believe that this budget represents an opportunity for Canada to honour its commitment to achieve UNAIDS and WHO targets and eliminate HIV in Canada by 2030. CAS and our community-

⁶ CBC. Jun 29, 2020. <https://www.cbc.ca/news/canada/toronto/as-toronto-s-new-covid-19-cases-keep-dropping-the-death-toll-from-opioid-overdoses-keeps-growing-1.5629501>

based members look forward to continuing to work with federal officials toward these important goals for all Canadians, our economy, and our health care system.