

March 20, 2007

The Honourable Josée Verner
Minister for International Cooperation
Canadian International Development Agency
200 Promenade du Portage
Gatineau, Quebec K1A 0G4

Dear Minister Verner:

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

As international development organizations, humanitarian organizations, AIDS service organizations, trade unions, faith-based groups and human rights organizations, joined together under the aegis of the Global Treatment Access Group (GTAG), we write to encourage you to continue showing Canada's commitment to address the global HIV/AIDS crisis when you participate in the G8 development and cooperation Ministers meeting on March 27 and 28 in Berlin, Germany.

Prior to the International AIDS Conference in Toronto last summer, GTAG developed a four-point action plan recommending steps CIDA and other government departments should take as part of a comprehensive response to the global HIV/AIDS crisis. The action plan reflects the collective wisdom of organizations working to address the interlinked challenges of HIV/AIDS and poverty with partners on the ground in Asia, Africa, Latin America and the Caribbean.

Our recommendations, set out in the enclosed platform, can be summarized as follows:

- Pay our fair share of prevention and treatment in developing countries
- Invest in the public health care systems of developing countries
- Cancel the debts of developing countries to free up resources to fight AIDS and poverty
- Follow through on commitments to make medicines affordable to developing countries

We would like to elaborate on a few of these recommendations which we feel are particularly relevant for the upcoming G8 meeting.

Financing the Commitment to Universal Access and the MDGs

At the G8 Summit in July 2005, the leaders of the richest industrialized nations, including Canada, pledged to develop and implement a comprehensive response to AIDS with the goal of achieving

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.

universal access to treatment by 2010. In June 2006, all member states of the United Nations reiterated this pledge at the UN High Level Meeting on AIDS.

Adequate financial support for scaling up the global response to the pandemic is required and Canada should do its fair share. We recommend that Canada commit to multi-year funding support for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), paying its fair share relative to other donors' contributions, and commensurate to the level of support provided to other multilateral funding mechanisms. As noted in our *Platform for Action*, we urge Canada to contribute at least 5% of the resources required by the GFATM over each of the next five years. We wish to emphasize however, that support for a comprehensive response to HIV/AIDS should not be undertaken at the expense of other critical initiatives such as strengthening health systems in developing countries. We therefore also call on Canada to commit to a timetable for raising Canada's official development assistance to 0.7% of our gross national income by 2015.

Health System Strengthening and the Migration of Health Professionals

Last year Prime Minister Harper made an important commitment to spend \$450 million over ten years to support the strengthening of health systems in developing countries. A focus on health systems strengthening and broad measures that affect populations' general well-being is crucial to complement efforts on specific diseases. It takes states, health-care systems, and at least passable local infrastructure to improve public health in the developing world. We need more and better paid health care workers with the training, tools and working conditions required to do their jobs and long-term funding commitments that will allow proper planning and sustained care. A particular area of concern is that of the outflow of health care workers from the global South to the global North. Some Canadian provinces continue to recruit health workers from the global South to meet their human resources shortfall. This puts unnecessary pressure on countries with limited health sector resources, including many with high HIV prevalence, and this issue should be addressed by Canada and all G8 countries.

Comprehensive, Evidence-based Prevention

We recommend that G8 leaders support and fund the search for better tools for health promotion, prevention, access to testing, diagnosis and treatment - particularly, pre-exposure prophylaxis, microbicides, vaccines and paediatric drugs, and treatment for persons with HIV who are co-infected with hepatitis C and multi-drug resistant tuberculosis. While recent Canadian support for the International AIDS Vaccine Initiative, the International Partnership for Microbicides and the Global HIV Vaccine Enterprise are important, we would urge you to ensure that the G8 communiqué acknowledges the gap in funding available to develop new prevention technologies and makes a commitment to address this.

Multilateral Debt Relief Initiative

The Multilateral Debt Relief Initiative launched by G8 leaders at their 2005 summit has so far cancelled only half of the total external debts owed by just one third of the 60 countries most affected by AIDS, debt and poverty. Full debt cancellation is needed for a much larger group of countries that continue to face high HIV rates and heavy debt burden, at great cost to some of the world's poorest people. The G8 must agree to full debt cancellation for all countries burdened by AIDS, debt and poverty without imposing policy conditions. The G8 should co-operate in audits of outstanding debt claims based on creditor co-responsibility for the current situation. The summit communiqué must also recognize the need for a just, transparent and comprehensive process to address current and future debt crises.

Supporting Children and Families Affected by HIV and AIDS

Children orphaned or made vulnerable by AIDS face significant psychological and material difficulties. Unlike other causes of parental death, AIDS often takes away both parents hence increasing the vulnerability of children left behind, particularly their ability to access education and health services. In addition to fulfilling past commitment to these children, G8 leaders can take steps that will have a dramatic impact. For example, adequate resources and coordination will significantly increase the chance of achieving universal access to services for the prevention of mother-to-child transmission of HIV for all women in need by 2010. G8 leaders should also commit to supporting scaled-up research and development of paediatric formulations of antiretroviral drugs, and develop and fund an action plan to support the health, education and social protection need of orphans and vulnerable children in countries with high HIV prevalence.

Women Won't Wait

We urge G8 leaders to find ways to combat violence and support the rights of women and children, including through increased focus on maternal health and reversing maternal mortality rates as a central indicator of effectiveness of national health systems. Inadequate attention has been paid to the effect gender inequity and violence is having on the spread of HIV. We recommend that the communiqué from the G8 Summit acknowledge the link between HIV and violence against women and girls and commit to addressing this issue.

Youth and HIV

Young people under 25 are over-represented in annual new infections. Addressing their unique needs in prevention, treatment, care and support is an essential part of an effective response. Youth representatives at the International AIDS Conference in Toronto last year demanded to be fully involved in decision making that affects their lives and called for youth-friendly health services. The communiqué from the G8 Summit should acknowledge the link between the social, political, and economic marginalization of young people and establish mechanisms to ensure their meaningful involvement in the development of programs and policies affecting their lives, and to prioritize young people's access to comprehensive evidence-based sexuality education and youth-friendly health services.

Ensuring Affordable Medicines

Canada's Access to Medicines Regime, which is designed to make drugs more affordable, is not working. If the flaws in the legislation are fixed, it might contribute in an important way to expanding access to treatment for HIV/AIDS and other diseases. There are other important steps Canada and other G8 leaders need to take to ensure medicines reach those who need it. We recommend that G8 leaders commit to removing trade barriers that block access to medicines and provide financial, political and technical assistance to ensure the flexibilities theoretically open to WTO members under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) can be used. We also recommend that G8 leaders support patent pooling for essential medicines for public health problems, including for HIV/AIDS. If designed with a commitment to increasing access to affordable medicines in developing countries, and combined with the use of policy tools such as compulsory licensing, the development of "patent pools" will allow the collective management of intellectual property rights, offering one way of overcoming some of the barriers to generic drug production.

In making these recommendations we join a broader coalition of civil society organisations from across the G8 countries. We urge Canada to show leadership in efforts to halt the spread of HIV/AIDS, and to assist in dealing with the devastating consequences of the disease. We look forward to having an opportunity to discuss our recommendations with you in the coming weeks.

Yours truly,

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

On behalf of:

Action Canada for Population and Development (ACPD)
AIDS Committee of London
AIDS Saint John
Alberta Community Council on HIV (ACCH)
Alliance for South Asian AIDS Prevention (ASAAP)
Asian Society for the Intervention of AIDS (ASIA)
Canadian AIDS Treatment Info.Exchange (CATIE)
Canadian Council for International Co-operation
Canadian Federation for Sexual Health
Canadian HIV/AIDS Legal Network
Canadian Hospice Palliative Care Association
CAP AIDS
CARE Canada
Carleton AIDS Awareness Society
Central Alberta AIDS Network Society
CHF Partners in Rural Development
Christian Reformed World Relief Committee (CRWRC)
Dignitas International
Northern AIDS Connection Society (NACS)
OXFAM Canada
Plan Canada
RESULTS Canada
UNICEF Canada
Wood Buffalo HIV & AIDS Society
World Vision Canada
Youth Challenge International