Human Rights Priorities for Canadian International Assistance

Submission to Global Affairs Canada

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CONTENTS

INTRODUCTION

The Canadian HIV/AIDS Legal Network (the "Legal Network") welcomes this opportunity to provide our perspectives on the government's priorities for establishing an international assistance policy and funding framework. When International Development Minister Marie-Claude Bibeau took up her post in November 2015, she was tasked with leading Canada's efforts to "provide humanitarian assistance to help reduce poverty and inequality in the world" and refocusing Canada's development assistance "on helping the poorest and most vulnerable."[1] This renewed focus on marginalized communities must underlie this review of Canada's international assistance efforts and shape its approach to implementing the 2030 Agenda on Sustainable Development.

The UN's ambitious new Sustainable Development Goals (SDGs) seek to end poverty by 2030.[2] The SDGs are important milestones for the realization of human rights. Human rights, in turn, are indispensable for achieving the SDGs by addressing the discrimination, exclusion and powerlessness that lie at the root of poverty and other obstacles to sustainable development. In this manner, human rights and the SDGs are interdependent and mutually reinforcing.

This submission provides recommendations on key areas of human rights on which Canada should focus its international assistance efforts. It highlights the Legal Network's main concerns around the following issues: (i) the global response to HIV/AIDS, including the need to strengthen key agencies and institutions in that response; (ii) access to medicines and other health technologies; (iii) drug policy and the rights of people who use drugs; (iv) the rights of LGBTI people; and (v) the rights of sex workers.

By incorporating an understanding of, and attention to, these thematic concerns in its international assistance efforts, Canada will strengthen the impact of its plan of action for fulfilling the 2030 Agenda for Sustainable Development.

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[1] Canada, Minister of International Development and La Francophonie Mandate Letter (2015) online: <http://pm.gc.ca/eng/minister-international-development-and-la-francophonie-mandate-letter>.

[2] United Nations, "Consensus Reached on New Sustainable Development Agenda to be adopted by World Leaders in September" (2 August 2015) online: <http://www.un.org/sustainabledevelopment/blog/2015/08/transforming-our-world-document-adoption/>.

1. SUSTAINING AND STRENGTHENING THE GLOBAL HIV/AIDS RESPONSE

In July 2015, UNAIDS announced that the HIV treatment target of Millennium Development Goal (MDG) 6 had been achieved and exceeded.[3] Since 2000, when the MDGs were first set, new HIV infections have fallen by 35 percent, AIDS-related deaths by 41 percent, and 30 million new HIV infections and nearly 8 million AIDS-related deaths have been averted. The endorsement in 2015 in the newly-adopted SDGs of the bold vision of "ending AIDS by 2030" now demands a reconsideration of our response to the epidemic. Ending AIDS by 2030 calls for harnessing the next five years as a window of opportunity to "fast track" the HIV response, while paying specific attention to address stigma, discrimination and punitive laws in order to reach those communities that have been left behind in the response.

1.1 Funding human rights efforts is key to the global HIV response

Ending AIDS is a human rights imperative. Averting HIV infections and ensuring access to HIV prevention, treatment and care for all enables people to lead full and dignified lives and fulfils the rights to health and to life — but it requires a concomitant obligation on States to fulfill rights to non-discrimination, freedom from torture or cruel, inhuman or degrading treatment or punishment, liberty and security of the person, privacy, freedom of thought, expression and association, an adequate standard of living, including adequate food, clothing and housing, and sexual health education. For too long, legal, policy and human rights issues were seen as disconnected or parallel to efforts to implement HIV prevention, testing or treatment interventions, thus compromising the impact of rights-based approaches in the response to HIV. The urgency to end AIDS should pay specific attention to the legal, policy and human rights barriers that have thwarted access to HIV prevention, testing, treatment and care. Now more than ever, human rights principles and approaches should inform HIV programmes.

Human rights principles and approaches act at several levels to advance effective HIV responses. At the individual level, laws and practices that prohibit discrimination and promote informed consent and confidentiality encourage people to come forward to seek HIV services. At the programmatic level, human rights-based principles and approaches raise critical issues of availability, accessibility, acceptability and quality of HIV services, particularly for marginalized populations, as well as enable their meaningful participation in the design, implementation and evaluation of HIV services. At the population level, human rights principles and approaches promote trust in health care systems and support expanded services for all, which are critical to effective public health programmes. In all regions of the world, there are numerous examples of the enabling impact of human rights interventions for advancing access to and uptake of HIV testing, prevention, treatment, care and support services.

[3] UNAIDS, "UNAIDS Announces that the Goal of 15 Million People on Life-Saving HIV Treatment By 2015 Has Been Met Nine Months Ahead of Schedule" (14 July 2015) online: <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2015/july/20150714_PR_MDG6report>.

Preventing new HIV infections is a fundamental human rights obligation for all States. By fulfilling this obligation, Canada protects the rights to life, health, physical integrity and dignity, among other rights. In spite of a recent decrease in new HIV infections, continued HIV incidence seriously threatens the rights to life, health and other human rights for millions of individuals, and compromises global efforts to end the HIV epidemic by 2030. International development assistance must focus on expanding the availability of HIV prevention modalities, tools and programmes for all those who need them, with particular attention paid to populations who continue to face significant barriers to access.

Worldwide, the World Health Organization (WHO) estimates that more than 50 percent of new HIV infections are among five "key" populations (men who have sex with men, sex workers, transgender people, people in prisons and other closed settings, and people who inject drugs) that are either subject to more intensive scrutiny by law enforcement, criminalized, marginalized, or all of the above.[4] The WHO has also outlined specific guidelines for essential health sector interventions and strategies for improving the legal standing of these populations. In addition, the WHO has described interventions for reducing violence and promoting local and community organization engagement for each of these groups.[5] Similarly, the Joint UN Programme on HIV/AIDS (UNAIDS) has stated that the criminalization of sex work, drug use and same-sex relationships among consenting adults hinders the delivery of effective HIV interventions, and has called for the decriminalization of same-sex relations, sex work and drug use.[6]

Decades of experience and research have highlighted the nexus between stigma, discrimination and vulnerability to HIV. Effective HIV prevention programmes should therefore include efforts to end discrimination and overturn punitive laws and practices. Realizing equality in HIV prevention services and programmes also requires placing a specific emphasis on providing and scaling up services for populations that are disproportionately affected by HIV. For instance, HIV prevention programmes are urgently needed to address the epidemic among prisoners, which in some settings may be up to 50 times higher than in the general population.

Scaling up evidence-based prevention and treatment are central to the internationally agreed goal of ending the global HIV epidemic. For example, UNAIDS' ambitious "90-90-90" plan aims, by 2020, to ensure that 90 percent of those with HIV are diagnosed, 90 percent of those diagnosed get access to effective ARV treatment, and 90 percent of those getting treatment manage to fully suppress the virus to "undetectable" levels, keeping them healthy and preventing further transmission.[7]

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[4] World Health Organization, Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations (Geneva: World Health Organization, 2014).

[5] *Ibid*.

[6] UNAIDS, *The Gap Report* (2015) online: <http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf>.

[7] Canadian HIV/AIDS Legal Network, "Action Required: Five Key HIV-Related Issues Facing Canada's Federal Government" (4 November 2015) online: <http://www.aidslaw.ca/site/action-required-five-key-hiv-related-issues-facing-canadas-federal-government/>.

Development assistance must fund HIV/AIDS responses that are based on sound scientific evidence and fundamental human rights principles. Moreover, it must respond to the needs of the people and communities most affected, including by funding programs and services that accommodate the specific circumstances and systemic obstacles faced by those communities.[8]

1.2 Supporting human rights capacity in global institutions and agencies responding to HIV

Part of sustaining and strengthening the global response to HIV must include supporting and enhancing capacity of those international institutions and agencies that play key roles in coordinating, funding and advancing that response. It is critical that Canada ensure such entities have the capacity and support needed to defend and advance human rights as a central, fundamental element of an effective response. This is not currently the case, and the situation has in fact worsened in recent years.

Since 2013, there has been *no* dedicated capacity within the **Office of the UN High Commissioner for Human Rights** (OHCHR) on HIV-related issues – even as declaration after declaration by Member States in UN bodies asserts the critical importance of human rights in the HIV response. Within the **UNAIDS Secretariat**, there is but a small team of three people constituting the entirety of the Human Rights and Law Unit, with responsibility for global coverage. Meanwhile, budgets for **UNAIDS co-sponsors** have recently been cut dramatically, further weakening their capacity to discharge their lead responsibility for work on key populations affected by HIV and on human rights issues. For example, **UNDP** is the co-sponsor with the lead on human rights and development issues, and has been undertaking key technical work around the globe in aiming to improve punitive legal environments and improve access to medicines, which are central to achieving the 90-90-90 targets and the SDGs.

Key populations and their human rights are left behind when such capacity within the UN system is eroded. As of last year, for example, even as the UNGASS on "the world drug problem" was approaching – an international process and meeting of considerable importance to the global HIV response – the UNAIDS Secretariat no longer maintained a dedicated focal point on HIV and drug use. Similarly, we have just recently witnessed an abrupt end to the promised 2016 funding for the **HIV Programme within UNODC** – the last dedicated capacity on people who use drugs in the UN system. Yet the HIV Programme plays a critical role within UNODC itself, and in fora such as the Commission on Narcotic Drugs or the UNGASS on drugs. If this important voice comes to an end, people who use drugs will be left behind not only by the HIV response but by the international drug policy system as well. Even if the technical work undertaken by programme staff were to be transferred to the UNAIDS Secretariat or the WHO, neither would be able to carry out the task of engaging with the criminal justice and prison systems in-country – a remit that is

[8] *Ibid.*

specific to UNODC. This would make it even more difficult to deliver on the "fast-track" strategy and to achieve the goal of ending AIDS by 2030 – it simply cannot happen without addressing the epidemic among people who use drugs and people in prison, including protecting and promoting their human rights, including to HIV prevention and treatment services.

Finally, even as countries proclaim their commitment to the SDG target of ending AIDS, inexcusably, the funding needed to achieve it is flat-lining overall: 2015 saw a *drop* in overall global funding for the AIDS response. One of the most important multilateral initiatives to this effort – the **Global Fund to Fight AIDS, Tuberculosis and Malaria** – is at serious risk of failing to meet even its already exceedingly modest target of USD 13 billion at the upcoming replenishment conference in September 2017. This comes at a time when the new Global Fund strategy includes an enhanced commitment to scaling up human rights in the global HIV response, including through a planned "catalytic initiative" to address key human rights barriers to HIV prevention, care, treatment and support – yet such a commitment will be hamstrung unless the resources are mobilized to finance these efforts.

Key donors such as Canada cannot allow this withering of attention to human rights and to key populations in the HIV epidemic to simply happen, even as we proclaim our commitment to the SDG target of ending AIDS. We therefore wish to highlight the importance of Canada sustaining and strengthening some of the key institutions and agencies in the coordination and financing of the global response.

RECOMMENDED ACTIONS

The Legal Network recommends that Canada:

- **Support States in ensuring that country-driven, evidence-based, inclusive, sustainable, gender-responsive, human rights-based and comprehensive national HIV and AIDS strategic plans are funded and implemented as soon as possible;**

- **Support efforts — including by civil society organizations, UN agencies, and States — to protect and fulfil the rights of all persons living with or affected by HIV, including by prohibiting all forms of discrimination and an end to gender inequality, ensuring full respect for the right to health (including sexual and reproductive health), and eliminating legislation and law enforcement practice that criminalize people living with or affected by HIV;**

- **Create and provide longer-term and multi-country funding opportunities for civil society organizations to conduct the human rights research, advocacy, and service delivery that is needed – including through mechanisms such as the Robert Carr Networks Fund that is dedicated to funding civil society networks, particularly from key populations affected by HIV;**

- **Provide ongoing support to relevant UN agencies engaged in the HIV response, including strengthening the capacity within both the UNAIDS**

Secretariat and the various Joint Program co-sponsors to undertake the technical work needed on human rights issues (including changing punitive legal environments and scaling up access to medicines) as well as on community mobilization; and

- **Provide ongoing support to the Global Fund to Fight AIDS, Tuberculosis and Malaria, including supporting its efforts to enhance human rights interventions as a largely neglected and under-resourced element of the global response — and demonstrating global leadership by further increasing Canada's contribution to the Global Fund.**

2. ACCESS TO MEDICINES AND OTHER HEALTH TECHNOLOGIES

The need for equitable access to medicines, including for HIV, is urgent. In just 15 years, access to antiretroviral treatment has been scaled up dramatically, now reaching some 17 million people in low- and middle-income countries. Yet millions of people in developing countries are still suffering and dying, whether from HIV or other communicable and non-communicable diseases, because medicines are unaffordable, both for individuals and the governments and health agencies that seek to respond. Canada needs to play its part – through both its development assistance and its broader foreign policy initiatives (including trade policy) – to address this fundamental global inequity.

2.1 Funding for global health

Canada's overall commitment to international development has reached alarmingly low levels. In 2015, Canada's official development assistance had dropped to less than 0.28 percent of overall GDP— far below the **UN target of 0.7 percent** originally proposed by former Canadian Prime Minister Lester B. Pearson in 1969 and repeatedly re-endorsed, including by Canada, at development and international aid conferences.[9] While Canada had previously been recognized as a relatively generous development donor, in 2014 Canada's percentage contribution of GDP to overseas development assistance placed the country 16th among the OECD's 28 donor countries for which data was available.[10] Canada's funding for international democracy, governance, and human rights programming – which are key to realizing health – fell by 28 percent between 2008/2009 and 2013/2014 alone.

As noted above, even as countries proclaim their commitment to the SDG target of ending AIDS, inexcusably, the funding needed to achieve it is flat-lining overall: 2015 saw a *drop* in overall global funding for the AIDS response. One of the most important multilateral initiatives to this effort – the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, which has been central to getting HIV treatment to millions of people worldwide – is at serious risk of failing to meet even its already exceedingly modest target of USD 13 billion at the upcoming replenishment conference in September 2017. We welcome Canada's decision to host the replenishment conference and its announcement that it will increase its contribution by 20% in the next funding cycle. As host of the replenishment conference this year, and as a key donor in the years ahead, we urge Canada to take further steps in mobilizing the political will and resources needed to support the Global Fund.

Under-investment and poor governance have led to barriers at country level in numerous countries, including many of those where HIV prevalence is highest. One such barrier is the

[9] Organization for Economic Cooperation and Development, "The 0.7% ODA/GNI Target: A History" (2016) online: <http://www.oecd.org/dac/stats/the07odagnitarget-ahistory.htm>.

[10] Organization for Economic Cooperation and Development, "Development Aid Stable in 2014 But Flows to Poorest Countries Still Falling" (2015) online: <http://www.oecd.org/dac/stats/development-aid-stable-in-2014-but-flows-to-poorest-countries-still-falling.htm>.

shortage of skilled health workers; something that could be remedied by effective training and support programs for health care workers and by ending the active recruitment of health workers overseas by private companies and some countries (including some provincial governments in Canada). Another example is **user fees**, which pose barriers to access to health systems. When applied to primary health services, such fees exclude the poorest.

Funding global health, including scaling up access to HIV medicines and supporting health systems, requires following through on earlier commitments (such as on ODA) and on enhancing our support for proven mechanisms (e.g., the Global Fund). It also requires pursuing new, **innovative financing mechanisms**. One such example is a modest levy on airline tickets, which is the key source of financing for UNITAID, an innovative facility for stimulating price reductions on drugs and diagnostics, including the Medicines Patent Pool and other market-shaping activities. Another example is imposing a small tax on financial transactions, such as has already been adopted by numerous European countries to fund development assistance, including for health.

2.2 Smart, complementary policy to maximize the benefits for global health of our development assistance

In addition to mobilizing funds for global health, Canada should adopt and champion smart policies that enable its international development assistance (and that of other countries and donors) to achieve maximum benefit when it comes to scaling up access to medicines and other health technologies. This requires that Canada act in such complementary and overlapping domains as intellectual property policy, trade policy and global drug policy.

While we appreciate that these fall outside the direct remit of the Minister of International Development, they nonetheless have very significant implications for Canada's efforts to use its development assistance to promote global health – and therefore warrant comment here.

2.2.1 Facilitating access to controlled substances for medical purposes

Ensuring the availability of controlled substances for medical and scientific purposes is a fundamental objective of the UN drug control conventions and an obligation of Member States. To date, however, few countries have achieved this objective, and in its 2014 Annual Report, the INCB concluded that 5.5 billion people live in countries with "low levels of, or non-existent access to," controlled medicines.

Access to pain relief medications (including opioids that fall under international control) is strongly supported by CND Resolutions 53/4 and 54/6, adopted by Member States in 2010, and World Health Assembly Resolutions WHA67.19 (Strengthening of palliative care as a component of comprehensive care throughout the life course) and WHA68.15 (Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage). Yet despite broad international support for these commitments, too often these resolutions have been undermined by Member States who have called, in international drug control fora, for additional essential medicines to be placed under international control, ignoring the impact that these controls would have on access for

medical uses in low-income countries. We urge Canada to press for a concerted UN-wide effort to close the gap in the availability of and access to controlled substances for medical use, which must include the WHO, UNODC, INCB and UNDP.

2.2.2 Pursuing more health-friendly intellectual property and trade policy

- *Support policy innovation for new approaches for pharmaceutical innovation and access*

Laws and policies, including ever-more restrictive intellectual property rules in international trade agreements, are a significant part of the problem affecting access to medicines for HIV and other health needs.[11] In 2015, the UN Secretary General convened a High-Level Panel on Access to Medicines – expected to deliver its report later this year – to "recommend solutions to remedying the incoherence between international human rights, trade rules and public health that is leaving millions behind when it comes to accessing medicines and health technologies."[12] The final recommendations of the High-Level Panel remain to be seen, but given the extensive and rich submissions received by the Panel, the Legal Network is optimistic that there will be at least several recommendations for remedying some of the deficiencies and limitations of the current, dominant system – which relies predominantly on patent monopolies and their consequent profits as the means of stimulating pharmaceutical innovation and with predictable negative consequences for equitable access to the innovation the system does produce.

We urge Canada to support the important work of the High-Level Panel, including in UN forums, and recommendations that may emerge from the Panel's work for creating different mechanisms of advancing *both* innovation and access to health technologies that respond to global public health needs rather than just being driven by the potential for profits.

- *Reject the Trans-Pacific Partnership (and other "TRIPS-plus" trade agreements)*

The Legal Network is deeply concerned about the impact of the Trans-Pacific Partnership agreement (TPP) on access to medicines globally due to the provisions included in the intellectual property, pharmaceutical pricing and investment chapters of the TPP. As it currently stands, the provisions of the TPP go far beyond existing international agreements in their impact on access to medicines — including the WTO *Agreement on Trade-Related Aspects of Intellectual Property* (TRIPS) and the flexibilities preserved therein for countries to make policy in the public interest such as "promoting access to medicines for all" (as agreed unanimously by WTO Members in their 2001 Doha Declaration). Adopting the "TRIPS-plus" provisions in the TPP would set back commitments Canada has made to promote health and undermine access to medicines across the globe, as the deal is being

[11] Canadian HIV/AIDS Legal Network, "Action Required: Five Key HIV-Related Issues Facing Canada's Federal Government" (4 November 2015) online: <http://www.aidslaw.ca/site/action-required-five-key-hiv-related-issues-facing-canadas-federal-government/>.

[12] See United Nations, "UN Secretary General's High-Level Panel on Access to Medicines" (2016) online: <www.unsgaccessmeds.org>. The Legal Network's executive director has served as a member of the Expert Advisory Group to the High-Level Panel.

billed as a model for future multilateral trade agreements.

The TPP's chapter on intellectual property would strengthen and prolong the private monopoly rights enjoyed by pharmaceutical companies in various ways, impeding and delaying the competition that brings medicine prices down. It would expand the scope of patenting, given that patents of 20 years (at least) must be available for new uses of known drugs and new methods or processes of using a known drug, even if there is no therapeutic benefit for patients – making it easier for companies to "evergreen" their patents to extend their market monopolies. The TPP would also require countries to extend drug companies' patent terms by years, to "compensate" them for delays in the process of getting their patent approved or getting approval to market their drug.

In its potential impact on access to affordable medicines globally, the TPP flies in the face of what is needed to respond to major public health challenge raised by both communicable diseases (including HIV, tuberculosis, malaria and others) and non-communicable diseases and health conditions (which represent an even greater, and growing, burden on the populations, health systems and economies of many countries, including developing countries). Instead of accepting the provisions of the TPP as they stand, Canada should instead demonstrate international leadership in global health and honour its repeated commitments to global health, including access to medicines.

- *Fix Canada's Access to Medicines Regime*

At the moment, developing countries that want to obtain less expensive versions of patented drugs from Canada must wait until a Canadian generic manufacturer, under *Canada's Access to Medicines Regime* (CAMR), can get a compulsory licence for a specific quantity of medicines for a limited period. A compulsory licence allows a generic manufacturer to produce and sell/export a less expensive, generic (i.e., non brand-name) version of a medicine without the consent of the company that holds the patent on the original product.

Since CAMR was passed in 2005, it has only been used once, after years of work by non-governmental organizations (NGOs) and one generic company, for a single shipment of a single HIV drug to a single developing country (Rwanda). In its current form, CAMR is unlikely to be used again due to the procedural requirements it places on developing countries and generic pharmaceutical manufacturers.

It is for this reason that reforms to streamline CAMR have been proposed, including a "one-licence solution." CAMR currently requires a country-by-country, order-by-order process of compulsory licensing. A better law would require just one licence on a patented medicine which would authorize the generic manufacturer to supply any of the countries covered by the law and supply them with the quantities of that medicine they notify as being necessary.[13] Fixing CAMR is one thing Canada can do to make that right a reality for

[13] Canadian HIV/AIDS Legal Network, "Action Required: Five Key HIV-Related Issues Facing Canada's Federal Government" (4 November 2015) online: <http://www.aidslaw.ca/site/action-required-five-key-hiv-related-issues-facing-canadas-federal-government/>. See also Canadian HIV/AIDS Legal Network, "Rwanda First To Try Buying Affordable Aids Drug From Canada Using Access To Medicines Regime" (20 July 2007) online: <http://www.aidslaw.ca/site/rwanda-first-to-try-buying-affordable-

patients in developing countries, including children and adults with HIV. Such fixes remain needed if the regime is to deliver on Parliament's previous unanimous pledge (more than a decade ago) to support developing countries in getting more affordable, generic medicines.

RECOMMENDED ACTIONS

The Legal Network recommends that Canada:

- **Announce a realistic but rapid timetable for raising Canada's official development assistance (ODA) from the current level of 0.28% of GDP (as of 2015) to the long promised UN target of 0.7%, and continue to scale up Canada's contribution to the Global Fund to Fight AIDS, TB and Malaria, as part of achieving that ODA target of 0.7% of GDP;**

- **Actively support free, publicly-funded health systems and facilitating the removal of overt and hidden user fees in HIV and health programs, via bilateral development assistance (and through multilateral bodies such as the multilateral development banks);**

- **Support States in developing comprehensive plans that address the various barriers that impede the availability of medications for pain relief, including unwarranted restrictions on controlled substances in the name of "drug control," and resist efforts (e.g. at the UN Commission on Narcotic Drugs) to restrict access to controlled substances needed for medical purposes;**

- **Support in international forums proposals for policy innovation in the field of global health R&D, including the development and implementation of policies and initiatives for advancing *both* innovation and access to health technologies to equitably respond to global public health needs;**

- **Refuse to ratify the TPP as long as it contains any "TRIPS-plus" provisions and reject this and any other trade deal that extends the damaging "investor-state dispute settlement" system to cover laws and regulations affecting pharmaceuticals and other health technologies; and**

- **Work with civil society advocates and other parties in Parliament to fix Canada's Access to Medicines Regime (CAMR), specifically by enacting the key reforms that previously attracted widespread, cross-party support in the last Parliament so as to streamline the mechanism for compulsory licensing of pharmaceuticals for export to eligible developing countries.**

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aids-drug-from-canada-using-access-to-medicines-regime/>.

3. DRUG POLICY AND THE RIGHTS OF PEOPLE WHO USE DRUGS

The Legal Network is deeply concerned that people who use drugs are being left behind in the global HIV response. The technical capacity within the UN system to address the health and human rights of people who use drugs is being hollowed out (within UNAIDS and UNODC, for example). Furthermore, recent estimates for global resource needs for harm reduction have excluded three quarters of people who inject drugs globally. Those left behind live in countries including the U.S., Russia, Greece, Hungary, Bulgaria, Thailand, China, Mauritius and Belarus, where access to harm reduction is severely limited. The Global Fund has already withdrawn vital financial support for harm reduction in a number of these countries.

Canada's international assistance review presents an opportunity for the government to promote – both through its development assistance and through complementary policy priorities – the development and implementation of a global approach to drug policy that is based on respect for human rights, public health principles, and scientific evidence.

Drug use is but one indicator among many in assessing the harm and benefits of particular policies and programs, and reducing drug use *per se* — much of which is not harmful or problematic — is not necessarily the objective of public health based initiatives.[14] Over-emphasis on trying to reduce or prevent the use of drugs tends to target, blame and stigmatize people who use drugs, often ignoring the structural and other determinants of problematic use. Consequently, it often leads to ill-advised punitive, discriminatory and draconian policies, including mass incarceration[15] and other significant human rights violations.[16]

In contrast, an approach to drug policy based on human rights and public health involves treating problematic drug use as a health issue requiring health promotion strategies and programs,[17] psycho-social support, and health services. It also recognizes that problematic substance use is often symptomatic of underlying psychological, social or health problems and inequities, and emphasizes evidence-based, pragmatic initiatives aimed at achieving sustained improvements in health.[18]

3.1 Support scale-up of access to harm reduction services, including with funding

[14] M Roberts et al, Monitoring Drug Policy Outcomes: The Measurement of Drug-related Harm (London: Beckley Foundation, 2006).

[15] E Drucker, A Plague of Prisons: The Epidemiology of Mass Incarceration in America (New York: New Press, 2011); M Alexander, The New Jim Crow: Mass Incarceration in the Age of Colorblindness (New York: New Press, 2012).

[16] D Barrett et al, *Recalibrating the Regime: The Need for a Human Rights-Based Approach to Drug Policy* (London: Beckley Foundation and International Harm Reduction Association, 2008).

[17] World Health Organization, *Ottawa Charter for Health Promotion* (Geneva: WHO, 1986).

[18] Canadian HIV/AIDS Legal Network, *Nothing About Us Without Us: Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative* (Toronto: Canadian HIV/AIDS Legal Network, 2005).

The Legal Network encourages Canada to strongly advocate for harm reduction policies, practices and programs as a key component of an approach to address drug-related harms – and to incorporate funding for such initiatives into its development assistance. National strategies to address the "world drug problem" must include at least the key interventions outlined by the WHO, UN Office on Drugs and Crime (UNODC), and UNAIDS in the *Technical Guide for Countries to Set Targets for HIV Prevention, Treatment and Care of Injecting Drug Users* (2012 revision) as part of a comprehensive approach for addressing HIV among people who inject drugs. These include harm reduction measures such as needle and syringe programs (NSPs), opioid substitution treatment (OST) such as methadone and buprenorphine, and condom distribution programs for people who use drugs and their sexual partners.

As the three relevant specialized UN agencies point out in the Technical Guide, such initiatives are supported by comprehensive scientific evidence.[19] In addition, the Technical Guide acknowledges that, "although the WHO has not reviewed the evidence on the effectiveness of supervised drug consumption/injection facilities in preventing HIV infection, evaluations in high-income countries where these facilities have been implemented have reported reduced risk behaviours among attending clients."[20]

Harm reduction is an essential component of responses to substance use. In fact, Canada has historically been among the global leaders in scaling up harm reduction interventions such as OST and NSP, as well as exploring innovations such as supervised consumption services, heroin-assisted treatment programs and distribution of sterile crack-smoking equipment. Canada must maintain a leadership role in facilitating dialogue and building international consensus towards a response to drug use that is predicated on human rights and public health in the States with which it cooperates and provides assistance.

Russia, in particular presents one example of a State that has failed to uphold human rights or apply public health principles in its drug policy regime. The government's ineffective, unscientific, and repressive drug policy does not result in any reduction of supply or demand of narcotic drugs. Despite high prevalence of problematic drug use and the fast-growing HIV epidemic among people who inject drugs, the government has continued to deny opioid substitution therapy to millions of Russians who could benefit clinically, perpetrated a wide range of abuses in prisons and places of detention, placed restrictions on freedom of expression, and denied fair trial rights.[21] Canada should present a strong voice in opposition of repressive drug policy in its provision of international assistance. It should denounce measures that violate the human rights of people who use drugs and those who provide them with care, treatment and support.

[19] WHO, UNODC, UNAIDS, Technical Guide for Countries to Set Targets for HIV Prevention, Treatment and Care of Injecting Drug Users (Geneva: WHO Press, 2012).

[20] *Ibid*.

[21] Canadian HIV/AIDS Legal Network, "'Just Say Nyet' to Russia's Drug Policy" (15 March 2016) online: <http://www.aidslaw.ca/site/just-say-nyet-to-russias-drug-policy/>.

3.2 Support an approach to drug policy that upholds human rights while maximizing the benefits for global health of our development assistance

3.2.1 Pursue and support decriminalization of drug possession for personal use

The Legal Network urges Canada to pursue and support the decriminalization of possession of drugs for personal use as essential to uphold the human rights of people who use drugs and to promote public health. The criminalization of people who use drugs undermines their right to health in numerous ways. For people struggling with problematic drug use, criminalization prevents them from seeking help as well as hinders the development of services because needed resources are diverted to the criminal justice system.

Criminalization further undermines human rights and supports discrimination against people who use drugs because people who use drugs are regarded as criminals and not seen as deserving of services. Indigenous populations, women, children, youth, and those with mental health and/or substance use issues are vulnerable populations that are disproportionally affected by criminalization and criminal justice approaches that flow from this policy such as mandatory minimum sentencing practices.[22]

The data clearly demonstrate that, despite criminal prohibitions, the number of countries in which people inject drugs is growing, with women and children becoming increasingly affected. Outside of sub-Saharan Africa, injection drug use accounts for approximately one in three new cases of HIV. In some areas where HIV is spreading most rapidly, such as Eastern Europe and Central Asia, HIV prevalence can be as high as 70 percent among people who inject drugs, and in some areas more than 80 percent of all HIV cases are among this people who inject drugs.[23]

Several states have addressed these concerns by decriminalizing drug possession for personal use. Portugal, Uruguay, Colombia, the Czech Republic, as well as a number of U.S. states, are among the jurisdictions experimenting with decriminalization (i.e., removal of criminal penalties) for drug use or possession — and some have moved further to implement various models of regulation of some drugs, such as cannabis.[24] Portugal decriminalized the possession of all formerly-illegal drugs in 2001, complemented by investments in health and other services. The result was a decrease in the number of people injecting drugs and in the number of people using drugs problematically, as well as decreasing overall drug use trends among young people aged 15-24.[25]

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[22] British Columbia Office of the Provincial Health Officer, Health, Crime, and Doing Time: Potential Impacts of the Safe Streets and Communities Act on the Health and Well Being of Aboriginal People in BC (Vancouver: BC Office of the Provincial Health Officer, 2013).

[23] UNAIDS, "2008 Report on the Global AIDS Epidemic (Geneva: United Nations, 2008).

[24] International Drug Policy Consortium, "E-tool: Comparing Models of Drug Decriminalization" (2015) online: <http://decrim.idpc.net/>; Drug Policy Alliance, "Fact Sheet: Approaches to Decriminalizing Drug Use and Possession" (2015) online: <http://www.drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Approaches_to_Decriminalization_Feb2015.pdf>.

[25] A Rosmarin & N Eastwood, A Quiet Revolution: Drug Decriminalization Policies in Practice Across the Globe (London: Release, 2012).

A scientific consensus has emerged that policies of drug prohibition and criminalization exacerbate the negative health and social outcomes for people who use drugs. Forgoing the enforcement of laws prohibiting the personal possession of drugs also allows states to redirect limited public budgets towards efforts to address the social determinants of harmful substance use. Therefore, the Legal Network urges Canada to support and promote the decriminalization of drug possession for personal use at home and in global fora.

3.2.2 Oppose drug detention centres

In some States, people who use or are suspected of using drugs are confined in drug detention centres, often without any due process, and compelled to undergo interventions such as forced labour and military style drills, as well as being subjected to involuntary medical interventions (often without scientific foundation), physical, sexual and psychological abuse, the denial of adequate medical care and nutrition, and other forms of torture and cruel, inhuman or degrading treatment or punishment. These types of interventions disregard medical evidence.[26]

As the UN Special Rapporteur on Torture has stated, such programs violate international law and are "illegitimate substitutes for evidence-based measures, such as substitution therapy, psychosocial interventions and other forms of treatment given with full, informed consent."[27] While a wide range of UN and international organizations have jointly called for their closure, it remains the case that hundreds of thousands of people are detained in such centres. Canada, along with the international community, must press for their closure to end the widespread, gross human rights violations that persist in such centres.

3.2.3 Oppose the death penalty for drug offences

Some countries continue to use the death penalty for drug crimes. The death penalty is ineffective as a policy measure and an abhorrent violation of human rights. The use of the death penalty for punishment for drug offences violates international law.[28] This position has been asserted by the UN Human Rights Committee,[29] the UN High Commissioner for Human Rights[30] and the UNODC.[31]

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[26] World Health Organization, Assessment of Compulsory Treatment of People Who Use Drugs in Cambodia, China, Malaysia and Viet Nam (Geneva: WHO, 2009); Human Rights Watch, Torture in the Name of Treatment: Human Rights Abuses in Vietnam, China, Cambodia, and Lao PDR (New York: Human Rights Watch, 2012) at 4.

[27] United Nations General Assembly, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, UN Doc. A/HRC/22/53 (February 2013). See also: Richard Elliott et al, Treatment or Torture?: Applying International Human Rights Standards to Drug Detention Centers (New York: Open Society Foundations, 2011).

[28] R Lines, The Death Penalty for Drug Offences: A Violation of International Human Rights Law (London: International Harm Reduction Association, 2007).

[29] UN Human Rights Committee, *Concluding Observations: Thailand*, CCPR/CO/84/THA (8 July 2005), para 14; *Concluding Observations: Sudan*, CCPR/C/SDN/ CO/3 (29 August 2007), para 19.

[30] UN General Assembly, Study on the Impact of the World Drug Problem on the Enjoyment of Human Rights: Report of the United Nations High Commissioner for Human Rights, UN Doc A/HRC/30/65 (4 September 2015).

[31] UNODC, Drug Control, Crime Prevention and Criminal Justice: A Human Rights Perspective: Note by the Executive Director, March 2010, UN Doc E/CN.7/2010/CRP.6–E/CN.15/2010/CRP.1.

RECOMMENDED ACTIONS

The Legal Network recommends that Canada:

- **Resume its leadership role in the promotion of an approach to drugs, based on human rights, evidence and public health, including explicit support for harm reduction interventions in international negotiations and policy – and match that political commitment with funding, through international development assistance channels, for scaling up harm reduction services as key to global health;**

- **Pursue the decriminalization of possession of drugs for personal use, thereby freeing up substantial resources wasted on prosecution and imprisonment that can instead be invested in health services and related initiatives, both domestically and internationally; and**

- **Oppose and work actively towards ending the use of drug detention centres and the use of the death penalty for drug-related offences, and avoid complicity in such human rights abuses by ensuring that Canada's development assistance is not used in any way for compulsory drug detention centres or for law enforcement activities leading to the application of the death penalty for drug offences.**

4. THE RIGHTS OF LGBTI PEOPLE

In light of a recent backlash in some countries against lesbian, gay, bisexual, transgender, and intersex (LGBT) people, promoting and protecting their human rights of have become an increasingly urgent area of work. Canada has clear legal and ethical obligations to engage on these issues in its provision of international assistance. While important gains have been made in protecting LGBTI rights on some fronts, the recognition and protection of rights around the world remains uneven. Transgender people remain particularly vulnerable, and often without adequate legal protection, while the rights of intersex people rarely receive discussion. Meanwhile, gender-based violence remains a reality for many LBTI women, including violence motivated by real or perceived sexual orientation, gender identity or gender expression. Factors such as class, race, ethnicity, disability, HIV status, migrant status, drug use, incarceration and sex work often exacerbate the vulnerability of LGBTI people to discrimination, violence and other human rights abuses.

More than 80 countries or territories worldwide criminalize the expression, identity or existence of LGBTI people, with harsh penalties of years or life in prison — or even death in a handful of settings. In some places, defending the human rights of LGBTI people is a crime. Political, religious and other community leaders have fomented hatred against LGBTI people, including calling for extermination and beheading. We have seen numerous instances of hate crimes and mob violence, including horrific assaults, torture and so-called "corrective rape" and murder of LGBTI people and of human rights defenders who have dared to speak out publicly about abuses. In the Caribbean, for example, the Legal Network has documented the damaging impact of the criminalization of consensual same-sex relationships and gender non-conforming people on health and human rights.[32]

In international fora, Canada has been a consistent supporter of universal human rights protection for LGBTI people. But such statements are not enough. Without a more concerted, ongoing response to legislated discrimination and public hate-mongering, the message to political and religious leaders adopting and advocating such laws and violence is that they can continue to do so with impunity. The predictable result is the further spread of such persecution and more human rights abuses that destroy lives, families and communities, and that undermine respect for the human rights of all people, as well as impeding economic development and the full contribution of all members of society to their communities' and countries' well-being.[33]

We welcome the recent announcement that Canada is a founding member of the Equal Rights Coalition formed at the recent Montevideo conference on LGBTI rights.[34] Canada is

[32] See generally Canadian HIV/AIDS Legal Network, "Dignity for All: Why Jamaica's Sodomy Law Must Go" (2015) online: <http://www.aidslaw.ca/site/dignity-and-liberty-for-all-why-the-sodomy-law-must-go/>; "Canadian HIV/AIDS Legal Network in the Caribbean" (2015) online: <http://www.aidslaw.ca/site/canadian-hivaids-legal-network-in-the-caribbean/>.

[33] Dignity Initiative, "A Call to Action: How Canada can Defend and Promote Human Rights for LGBTI People Around the World" (2015) online: <http://www.dignityinitiative.ca/wp-content/uploads/Dignity-Initiative-English.pdf>.

[34] Equal Rights Coalition, "Equal Rights Coalition – Factsheet" (2016) online: <http://www.lgbtimontevideo2016.org/admin/files/lgbtimontevideo2016/upload/files/Factsheet%20Equal%20Rights%20Coalition%20ENG.pdf>.

well positioned to play a strong leadership role in advancing the human rights of LGBTI people globally. Canadian civil society organizations are globally recognized for their leadership in strengthening and protecting the human rights of LGBTI people at a domestic and global level. As a multicultural country with many vibrant diaspora populations, Canada is home to a number of LGBTI activists from around the world, many of whom continue to play leadership roles in advancing the human rights of LGBTI people in their countries of origin.[35]

Yet, all too often, foreign countries' work in support of the human rights of LGBTI people has not reflected local activists' insights. Effective strategies to support the human rights of LGBTI people depend on insights and feedback from local human rights defenders. Global North advocates, including those in Canada, should engage in conversation, consult and hold strategy meetings with Global South activists to understand the realities on the ground.

While Global Affairs Canada's funding for LGBTI programming through the Canada Fund for Local Initiatives is noteworthy, much work remains to be done. At present, there is no evidence to suggest that Canada's international development funding (which is distinct from the diplomatic funds made available to and through Canada's High Commissions and Embassies) has been expanded to explicitly include the human rights of LGBTI people. Instead, funding appears to be limited to the flexible but short-term, one-off funds made available through the Canada Fund for Local Initiatives. As a result, the Government of Canada has been unable to fund activists and organizations in implementing the multi-year programs that are required for lasting change to take place. Further, global LGBTI programming on the part of Canadian NGOs, such as ARC International's work at the UN, the Canadian HIV/AIDS Legal Network's work in the Caribbean, Egale Canada's work in Montenegro, Equitas' work in Haiti, and Oxfam Canada's work in Pakistan, Zimbabwe, and South Africa, has been largely funded by foreign governments and private donors with little or no support from the Canadian government.[36]

The omission of LGBTI issues within Canada's international development funding has also meant that Canada's development programming is unlikely to be inclusive of LGBTI populations. Hence, while evidence suggests that LGBTI individuals are likely to be affected by phenomena like gender-based violence or HIV,[37] there is little evidence to suggest that Canada's development portfolios in these areas have taken adequate steps to ensure that the experiences of LGBTI communities are integrated into these programs or are accessible to LGBTI communities around the world.

The Legal Network therefore wishes to draw the government's attention again to the work of the Dignity Initiative and its relevant recommendations. The Legal Network is a founding and active member of the Dignity Initiative, a coalition of Canadian civil society organizations

[35] Dignity Initiative, "Advancing Dignity: Assessing Canada's Global Action on Human Rights for LGBTI People" (2015) online: <http://www.dignityinitiative.ca/wp-content/uploads/Advancing-Dignity-1.pdf>.

[36] *Ibid*.

[37] Institute for Development Studies, Sexuality, Poverty and Law Programme, "Why is Sexuality a Development Issue"? (2013) online: <http://spl.ids.ac.uk/sexuality-and-social-justice-toolkit/1-issues-and-debates/why-sexuality-development-issue>.

committed to enhancing support for the advance of the rights of LGBTI persons globally. In 2015, following months of research and consultation with various stakeholders, including LGBTI human rights defenders from the Global South, the Dignity Initiative released its Call to Action, with 22 recommendations for the Canadian government. That Call to Action has since been endorsed by more than 130 civil society organizations across the country from various sectors, including labour, student, humanitarian, HIV, human rights, development and other organizations.[38] The recommendations below draw upon several of the points highlighted in that Call to Action which are of most relevance to this view of Canada's international development assistance.

RECOMMENDED ACTIONS

The Legal Network recommends that Canada:

- **Strengthen the capacity of LGBTI and non-LGBTI human rights organizations to defend human rights, including for LGBTI people, and provide support for building the capacity of lawyers, law enforcement personnel, human rights institutions, and judicial systems to defend human rights, including the rights of LGBTI people;**

- **Beyond simply responding to urgent situations of attacks on human rights, provide financial support for LGBTI movement-building around the world, including core and program support to organizations working in areas such as health, community development, and engagement of religious leaders and institutions, so as to assist in mobilizing key constituencies speaking out in support of human rights for LGBTI people;**

- **Mainstream LGBTI rights into Canada's development and human rights funding programs, such that monitoring and evaluation mechanisms oblige organizations to report on the extent to which projects have worked with LGBTI populations to protect and advance their well-being and rights, and support other States in mainstreaming LGBTI rights into their development and human rights funding programs as well; and**

- **Ensure that development assistance does not go to non-governmental organizations that promote or support legislation criminalizing LGBTI people or that encourage hatred or violence against LGBTI people, and examine options for redirecting any such funding within a country so as to support service providers that are inclusive and address the needs of LGBTI people, and to support community advocacy efforts to protect the human rights of LGBTI people.**

[38] See Dignity Initiative, "A Call to Action: How Canada can Defend and Promote Human Rights for LGBTI People Around the World" (2015) online: <http://www.dignityinitiative.ca/wp-content/uploads/Dignity-Initiative-English.pdf>.

5. THE RIGHTS OF SEX WORKERS

An extensive body of research has shown that sex workers are among the populations being left behind in the HIV response, resulting in global HIV prevalence among sex workers that is twelve times greater than among the general population.[39] Sex workers around the world also experience a range of human rights abuses resulting from the criminalization of sex work, gender-based violence, and stigma and discrimination against sex workers and/or on the basis of gender, sexual orientation, gender identity, race, caste, ethnicity, Indigenous identity, migrant or other status.[40] At the same time, sex worker-led organisations in many countries confront extraordinary challenges in carrying out HIV programming in the form of meagre and declining funding for HIV and sex work, repressive legal frameworks governing sex work, abhorrent stigma and discrimination towards sex workers, and anti-sex work ideology espoused by donors and governments. This environment does not foster the growth of sex worker-led organisations or adequate HIV prevention, treatment, care and support for sex workers.

Efforts to improve the health and safety of sex workers must be based on a recognition of sex workers' individual agency, dignity, worth and right to organize. Canada's international assistance review presents an opportunity for the government to demonstrate leadership in its approach to sex work by supporting a rights-based approach to sex work and the funding of sex worker-led organizations, both of which would yield the greatest impact in advancing sex workers' health and safety.

5.1 Support a rights-based approach to sex work

Criminal laws prohibiting sex work and related activities have resulted in widespread human rights abuses against sex workers, including murder; physical and sexual violence from law enforcement, clients and intimate partners; unlawful arrest and detention; discrimination in accessing health services; and forced HIV testing.[41] Fear of arrest and police abuse drives sex workers underground, forcing them to work in isolated environments in order to avoid police attention, disrupting their support networks, exposing them to violence, and depriving them of the ability to sufficiently screen clients or negotiate condom use. Repressive legislation can also make it impossible for sex workers to work both safely and legally, forcing them to choose between one or the other. The practice among some police forces of confiscating sex workers' condoms – including those distributed by public health bodies – to use as evidence of sex work also negatively affects sex workers' ability to practise safe sex.[42] Moreover, evidence shows that criminalizing sex work impedes sex workers' access

[39] UNAIDS, "The Gap Report 2014: Sex Workers" (2014), online: <http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf>.

[40] Amnesty International, "Policy on State Obligations to Respect, Protect and Fulfil the Human Rights of Sex Workers" (26 May 2016) at 5, online: <https://www.amnesty.org/en/documents/pol30/4062/2016/en/>.

[41] Michelle Decker et al, "Human Rights Violations Against Sex Workers: Burden and Effect on HIV" (2014) online: The Lancet <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60800-X/abstract>.

[42] Global Network of Sex Work Projects, "Global Briefing Paper: The Impact of Non-rights-based HIV Programming for Sex Workers Around the World" (2013) online: <http://www.nswp.org/resource/global-briefing-paper-the-impact-non-rights-based-

to health services and information, in particular the prevention, testing and treatment of sexually transmitted infections (STIs) and HIV.[43]

Criminalization thus interferes with and undermines sex workers' rights to life, equality and non-discrimination, security of the person, privacy, freedom from torture and cruel, inhumane and degrading treatment, and health – a reality recognized by a growing number of bodies, including UNAIDS, the Global Commission on HIV and the Law and most recently, Amnesty International, all of which have called for the repeal of laws criminalizing sex work. Criminalizing consensual adult sexual activities has been acknowledged as violating states' obligation to respect the right to sexual and reproductive health, as it amounts to a legal barrier that impedes access to sexual and reproductive health services.[44] States have an immediate obligation to "repeal or eliminate laws, policies and practices that criminalize, obstruct or undermine [an] individual's or particular group's access to sexual and reproductive health facilities, services, goods and information."[45] The UN Committee on Economic, Social and Cultural Rights has confirmed that states must specifically ensure that sex workers have access to the full range of sexual and reproductive health care services.[46]

The nexus between criminal prohibitions on sex work and human rights abuses against sex workers is increasingly clear. If Canada is to make a meaningful contribution to promoting sex workers' health and safety, supporting efforts to decriminalize sex work is an important first step. This includes efforts to repeal laws that criminalize the sale of sex, third parties involved in sex work, as well as those who purchase the sale of sexual services. Such laws force sex workers to operate covertly in ways that compromise their safety, prohibit actions that sex workers take to maximize their safety, and serve to deny sex workers support or protection from third parties and from State actors, undermining a range of sex workers' human rights.[47] Repealing criminal laws prohibiting sex work also allows states to redirect limited public budgets towards social services for sex workers and others. Therefore, the Legal Network urges Canada to support and promote the decriminalization of sex work at home and in global fora.

5.2 Provide adequate funding to sex worker-led organizations

To date, less than 1 percent of global funding for HIV prevention has been spent on HIV and sex work. Not only is this funding inadequate, but it is dwindling for sex worker-led programming, with anti-trafficking organisations that intentionally conflate sex work and trafficking attaining an increasingly large share of domestic and global funding.

Sex workers are important frontline allies in the prevention of HIV transmission. Although

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[44] United Nations Committee on Economic, Social and Cultural Rights, *General Comment 22*, 2016, UN Doc. E/C.12/GC/22), para 57.

[45] *Ibid*, para 49(a).

[46] *Ibid*, para 32.

[47] Amnesty International, "Policy on State Obligations to Respect, Protect and Fulfil the Human Rights of Sex Workers" (26 May 2016) at 2, online: <https://www.amnesty.org/en/documents/pol30/4062/2016/en/>.

strong sex worker-led organisations can be found around the world, they often operate at limited capacity due to insufficient funding. Globally, HIV funding is in crisis, with shrinking commitments from international donors, limiting the already small pool of resources to which sex worker-led organisations have access. The Legal Network urges the Canadian government to help address the shortfall in funding for sex worker-led organizations through its development assistance.

RECOMMENDED ACTIONS

The Legal Network recommends that Canada:

- **Pursue and support the repeal of laws that criminalize or penalize, directly or in practice, the exchange of sexual services for remuneration, thereby freeing up resources wasted on prosecution and imprisonment that can instead be invested in social services and related initiatives, both domestically and internationally;**

- **Prioritize longer term financial support for sex worker-led organizations around the world, including core and program support, so as to sustain the critical work of such organizations in defending sex workers' human rights, providing frontline support to sex workers, and providing sex worker-led programming to a range of service providers, including those working in the health and criminal justice sectors; and**

- **Ensure that development assistance does not go to non-governmental organizations that seek to criminalize sex work, including those that conflate trafficking with sex work, thus undermining efforts to advance a rights-based response to sex work.**

CONCLUSION

Recent years have witnessed global fuel, food, finance and climate crises, increasing in breadth, scope and incidence, and rising global inequality, striking all countries indiscriminately, and disproportionately affecting those who are the least able to respond to them. Canada has an opportunity to demonstrate real leadership in promoting a new agenda of global interdependence that puts our shared interests in advancing these issues at the fore. The government can and must adapt its approach to global development cooperation to keep pace with the transformative ambitions of the post-2015 agenda, and ensure it is more comprehensive and holistic, genuinely integrates the environment into all its work, and focuses on the structural drivers of inequality to ensure that no one is left behind.