

Funding the Fight: Supporting and Sustaining the Federal Response to HIV and AIDS in Canada

Pre-budget Consultations 2021
Submission by the HIV Legal Network
February 19, 2021

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1240 rue Bay Street, Suite/bureau 600, Toronto, Ontario, Canada M5R 2A7
Telephone/Téléphone: +1 416 595-1666 Fax/Télécopieur: +1 416 595-0094
info@HIVLegalNetwork.ca www.HIVLegalNetwork.ca
Charitable Registration/Numéro d'organisme de charité #141110155 RR0001

The current COVID-19 pandemic illustrates starkly, yet again, the critical importance of both investing in public health and of respecting, protecting and fulfilling human rights in order to respond effectively to an ongoing public health challenge that is fuelled by, and exacerbating, social and economic inequalities. In this regard, while there are of course important differences between COVID and the HIV/AIDS pandemic, there are important similarities – and hence important lessons to be learned from the history of HIV and the HIV response.

Even as Canada and the world struggle with this latest public health crisis, it is essential that we not lose sight of the fact that ending the HIV pandemic – the pledge made by all countries as one of the Sustainable Development Goals for 2030 – is unfinished business. It would be a tragic mistake to let the new challenge of COVID-19 derail the work that is needed to sustain the response to HIV and the human rights abuses that still accompany it.

In particular, in this submission we highlight again, as we have previously to Members of Parliament, the outstanding issue of adequately funding the federal response to the ongoing HIV pandemic.

A history of promises unfulfilled

In 2003, the House of Commons Standing Committee on Health unanimously recommended that Canada double its HIV funding to \$85 million annually. In 2004, the previous Liberal government committed to largely reaching this target, with funding increasing gradually over several years. But that committed funding increase was halted by the Harper government in 2007 and has flat-lined at the level of roughly \$70 million a year since.

The attached briefing paper tracks the year-over-year underfunding of the HIV response, based entirely on figures publicly reported by Health Canada.

As you can see, more than \$123 million ostensibly committed to the HIV response has simply never been delivered. Services and organizations have either closed, or have discontinued some programs, despite the clear need.

Time to honour the commitment and meet the need

During the previous Parliament, your government released a new federal *Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections* (STBBIs). However, the plan does not include firm targets and there is no commitment for funding. **Reiterating the call for an adequately funded federal HIV strategy, in June 2019, as part of its study of the health of LGBTQ2S people and communities in Canada, the House of Commons Standing Committee on Health unanimously recommended, yet again, an increase in federal funding just for the HIV response, this time to \$100 million annually.**

On World AIDS Day (December 1st) last year, the Senate of Canada adopted a motion again urging the federal government to follow through on this latest recommendation of the Standing Committee with a commitment to this level of funding.

To date, twenty months since this recommendation was made yet again, there has been no government response to the Standing Committee's report.

During the 2019 election campaign, the Liberal Party of Canada told us that it is "deeply committed to addressing HIV and AIDS and supporting Canadians who live with it." It also recalled the launch of the new Action Plan and reiterated that your government was investing \$87 million annually. The launch of the Action Plan was a welcome step, and so too is the continued investment.

However, the absence of firm targets is a shortcoming in that Action Plan and at odds with your government's previously stated commitment to delivering clear outcomes. It must also be noted that the promised funding is well below what is needed to address HIV alone — and yet your government's own statements, including in previous correspondence to us, make it clear that the funds committed so far are intended to support not only the HIV response but also other STBBIs. This puts even greater strain on what were already insufficient resources for addressing HIV alone. The funding gap remains, weakening the response to HIV — as well as underinvesting in addressing other important public health needs such as hepatitis C (HCV) and other STBBIs.

We look forward to working with you and your government colleagues to ensure that your government **responds to the Standing Committee's report** and that it then follows through by **committing the recommended \$100 million annually for the HIV response**. To be clear: we are also fully supportive of additional funding of the needed and complementary efforts to also address HCV and other STBBIs.

We appreciated the opportunity to meet virtually in June 2020 with the Hon. Patty Hajdu, Minister of Health, along with other organizations responding to HIV and other STBBIs. At the time, the HIV Legal Network specifically raised again the concern about stagnating federal HIV funding and the concern that, against the backdrop of the COVID-19 pandemic, there could be pressure to reduce or freeze HIV funding in light of other demands. I know that many of us in that meeting were encouraged to hear the Minister say in reply that there was "an appetite to see what more we [the federal government] can do to address the social determinants of health, which the federal government is particularly well-suited to do."

It is our desire to work together with you and your team to respond to this moment and this challenge. Indeed, COVID-19 is again underscoring the importance of investing adequately in public health efforts. And yet, this is simply not happening with respect to HIV (or other STBBIs) — not even following through on previous federal government commitments now 18 years old, and falling short of what has again been most recently recommended last year, with unanimous support from all parties in Parliament.

At the end of last year, the Public Health Agency of Canada launched the next cycle of the HIV and Hepatitis C Community Action Fund, the primary vehicle for distributing federal government funding for addressing these two ongoing epidemics, including support to community-based organizations that are essential to an effective response. Organizations across the country in need of sustained funding have put forward many proposals for activities needed to respond. Yet the funding envelope remains static, frozen where it has been for well over a decade.

National organizations, including the HIV Legal Network, have time and again expressed our commitment, to successive Ministers of Health, to work together to build the case for adequate federal funding of the HIV response in Canada. We reiterate that commitment again and we know, from discussions with other national, provincial and local organizations, that there is widespread and growing support for the federal government to act on these long-standing promises and recommendations.

We therefore wish to draw to this government's attention, yet again, during these pre-budget consultations, the need to follow ring adequate funding for the federal government's response to HIV (and adequate funding for the response to HCV and other STBBIs).



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Briefing paper | Updated February 2020

Funding the Fight: Federal Support Needed to End HIV as a Public Health Threat in Canada

Background

In recent years, the Government of Canada has renewed a commitment to ongoing dialogue and constructive engagement with civil society in the response to HIV, hepatitis C virus (HCV) and other sexually transmitted and blood-borne infections (STBBIs). In 2019, in response to long-standing calls from national HIV organizations, and following consultation with provincial and territorial governments, researchers and community organizations, the federal government released a new *Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections* (STBBIs).¹ This is a welcome development. But it must be accompanied by a commitment to correct the chronic underfunding of the HIV response that has dragged on for more than a decade.

Since 2004, a cumulative total of more than \$123 million has been diverted or withheld from funding that was committed to this strategy. It's well past time to adequately fund the fight to end HIV.

The commitment to fund the HIV response in Canada

In 2003, after extensive study, the House of Commons Standing Committee on Health recommended that federal funding to respond to the ongoing crisis of HIV and AIDS should be increased to \$85.5 million per year. This recommendation was unanimous, supported by all parties.²

In response, in 2004 the government of the day launched its updated HIV/AIDS strategy, the Federal Initiative to Address HIV/AIDS in Canada. The strategy included a commitment to gradually double annual funding for the HIV response over five years, from \$42.2 annually in fiscal year (FY) 2003-04 (where it had been frozen for many years) to \$84.4 million annually by FY 2008-09 — with annual funding to continue at that new level in subsequent fiscal years. As laid out in the Federal Initiative, this increase was to occur as follows:³

| Fiscal Year | Funding Commitment |
|---------------------------|--------------------|
| 2004-05 | \$47.2 million |
| 2005-06 | \$55.2 million |
| 2006-07 | \$63.2 million |
| 2007-08 | \$71.2 million |
| 2008-09 <i>and beyond</i> | \$84.4 million |

Commitment compromised

But the promised increase in HIV funding was almost instantly derailed. As the Public Health Agency of Canada (PHAC) has acknowledged: “The original \$84.4 million commitment was affected by reductions announced in Budget 2005 as well as time-limited re-allocations to the Canadian HIV Vaccine Initiative.”⁴

In FY 2005-06, the first year following the launch of the new strategy and funding commitment, already hundreds of thousands of dollars were cut from the federal government’s HIV strategy — a scenario of cuts in spending that has been repeated every single year since.

The situation soon worsened further in FY 2007-08, as a result of two further developments:

- The government of the day abandoned the commitment to gradually increase funding for the Federal Initiative to the target of \$84.4 million per year by FY 2008-09. Instead, it froze funding indefinitely at the level of approximately \$72.6 million annually.⁵ ***But in every year since, even that reduced level of funding has not been delivered.***
- The government also announced a new Canadian HIV Vaccine Initiative (CHVI). This new initiative, however, did not come with new funding. Instead, the government reallocated a total of \$26 million over five years out of the already-reduced Federal Initiative. In 2012, after the first five years, the CHVI was extended for a further five years. The CHVI ended in March 2017. But the funds that were being diverted each year to the CHVI still have not been restored to the original federal HIV strategy, despite repeated calls to do so.⁶

In addition to these developments, in almost every year since, even the reduced funding available has not been fully spent by the federal government, shortchanging the HIV response.

The Public Health Agency of Canada’s own data confirm that in the years since the Federal Initiative was launched,

more than \$123 million dollars in funds committed to the federal HIV strategy has been lost.

The loss in each year, as well as the cumulative total loss of funding, is set out in the table below. Meanwhile, there have been thousands of new HIV infections, services and programs have been inadequate or even discontinued, research opportunities and needs have gone unaddressed, and community organizations whose engagement is vital to an effective response have struggled or shut down.

Cumulative net loss of federal HIV funding (FY 2004/05 to FY 2017/18)

| Fiscal Year | Planned Spending | | Actual Spending | Gain (+) or loss (-) of federal funds for HIV response |
|--|---|---|----------------------------|--|
| | Per original Federal Initiative commitment ⁷ | | | |
| 2004-05 | \$47.2 M | | \$47,273,020 ⁸ | + \$73,020 |
| 2005-06 | \$55.2 M | | \$54,829,030 ⁸ | - \$370,970 |
| 2006-07 | \$63.2 M | after (i) funding freeze and (ii) reallocations to CHVI | \$63,132,900 ⁸ | - \$67,100 |
| 2007-08 | \$71.2 M | \$60.93 M ⁹ | \$61.0 M ¹⁰ | - \$10,200,000 |
| 2008-09 | \$84.4 M | \$73,903,572 ⁴ | \$69,244,263 ⁴ | - \$15,155,737 |
| 2009-10 | \$84.4 M | \$71,171,229 ⁴ | \$68,864,704 ⁴ | - \$15,535,296 |
| 2010-11 | \$84.4 M | \$72,774,385 ⁴ | \$70,340,098 ⁴ | - \$14,059,902 |
| 2011-12 | \$84.4 M | \$73,658,271 ⁴ | \$72,936,468 ⁴ | - \$11,463,532 |
| 2012-13 | \$84.4 M | \$76,098,412 ⁴ | \$72,438,512 ⁴ | - \$11,961,488 |
| 2013-14 | \$84.4 M | \$72.3 M ¹¹ | \$73.0 M ¹¹ | - \$11,400,000 |
| 2014-15 | \$84.4 M | \$70,455,059 ¹² | \$70,551,936 ¹² | - \$13,848,064 |
| 2015-16 | \$84.4 M | \$70,505,687 ¹³ | \$70,200,939 ¹³ | - \$14,199,061 |
| 2016-17 | \$84.4M | \$72,600,000 ¹⁴ | \$71,712,725 ¹⁴ | - \$12,687,275 |
| 2017-18 | \$84.4 M | \$72,600,000 ¹⁵ | \$78,248,313 ¹⁵ | - \$6,151,687* |
| CUMULATIVE NET LOSS OF FEDERAL HIV FUNDING FROM FY 2004-05 to FY 2017-18 | | | | - \$123,132,779 |

* Note that in FY 2017/18, HIV and HCV grants and contributions programs were amalgamated into the single HIV and Hepatitis C Community Action Fund (CAF) “to support an evidence-based strategic and integrated approach to prevent new STBBI infections among priority populations.” Given this change, and based on publicly available data from PHAC, it is impossible to determine the exact portion of the actual spending that was directed to HIV programs as distinct from programs to address other STBBIs. Even if the entirety of actual spending (\$78,248,313) in FY 2017/18 had been dedicated to HIV programs — which is known not to be the case, since some of this spending was dedicated to HCV and/or other STBBI programs — this funding falls well short of the pledged \$84.4 million in funding for the HIV response alone. Therefore, the cumulative loss of \$123 million from the HIV response since FY 2004/05 understates the actual loss.

Complete data on both planned and actual spending is currently only publicly available up to FY 2017-18. However, the situation over the last two years does not inspire confidence that this pattern of steady losses in HIV funding is yet over.

The data shown above illustrate the steady erosion year after year of the HIV response — and this appears likely to continue into the foreseeable future unless the government changes course and recommits to adequate funding.

Commitment to HIV response still missing

In June 2019, the House of Commons Standing Committee on Health unanimously recommended an increase in federal funding for the HIV response, this time to \$100 million annually. The following month, the federal government released a new Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections (STBBIs), including HIV. This was a welcome development; national HIV organizations had been calling for an updated strategy for years.

However, there has been no commitment to adequately fund that strategy. In October 2019, during the federal election campaign, the Liberal Party of Canada replied to inquiries with this claim: “We’re investing \$87 million annually to tackle HIV and other sexually transmitted and blood-borne illnesses.”¹⁶

This falls short. As already noted, the original commitment in 2004 — almost immediately compromised — was to invest \$84.4 million per year in the federal response *to HIV and AIDS*. Years later, after chronic underfunding and another unanimous parliamentary recommendation to commit \$100 million annually just *to the HIV response*, the government claims a commitment of \$87 million per year. But this is not funding dedicated to addressing the ongoing HIV epidemic; instead, it is meant to address *all* other sexually transmitted and blood-borne infections as well, putting even greater strain on what were already recognized as insufficient resources for addressing HIV alone.

For years, national HIV organizations and others working in the HIV response in Canada have underscored to both Health Canada and the Public Health Agency of Canada — and to successive Ministers of Health — that community support for “integrating” the HIV response with efforts to address HCV and other STBBIs is contingent upon safeguarding the response to HIV (including funding support for community-based organizations that are central to an effective response). Assurances were repeatedly given by Health Canada and PHAC that integration would not erode the response to HIV. Yet this is exactly what has happened.

Pledging to meet global targets, but failing to fund the response

Canada has signed on to UNAIDS’ targets for **HIV prevention and treatment**, 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 of ending AIDS by 2030.¹⁷ These targets include major reductions in new HIV infections, as well as the “90-90-90” goals of ensuring that 90% of people living with HIV are diagnosed, 90% of those diagnosed receive effective antiretroviral treatment, and 90% of those on treatment achieve full suppression of their virus. (Viral suppression not only protects the person living with HIV against disease progression but also effectively reduces the risk of sexual transmission to partners to zero).

Yet there is little hope of realizing such ambitious goals without adequately funding the response to HIV—including the community-based organizations that are essential to that response. World Bank studies support increased investment in precisely such a community response, showing that the strength and reach of community-based organizations is directly correlated with increases in HIV treatment access, use of prevention services and consistent condom use.¹⁸ UNAIDS estimated that resources for community mobilization needed to increase three-fold from 2016 to 2020, with further increases required from 2021 to 2030, in order to achieve the Sustainable Development Goal to which Canada and all other countries have committed.¹⁹

Given the substantial loss, through steady erosion, of the federal funds ostensibly committed to the HIV response, **it is unacceptable that numerous services and organizations across the country will be forced to close or discontinue programs in a matter of months despite the clear need that exists.** It is disturbing that, even as funds supposedly dedicated to the HIV response went unspent for years, now organizations providing critical services are being defunded.

The federal government must commit to restore the millions of dollars in funding that have been frozen, diverted, or simply allowed to lapse unspent in Canada's response to HIV over more than a decade.

We must fund the response to HIV at \$100 million annually, the level recommended by the House of Commons Standing Committee on Health in 2019.

HIV is not over. Fund the fight.



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| Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida |
|--|---|

Canadian HIV/AIDS Legal Network

1240 Bay Street, Suite 600
Toronto, ON, M5R 2A7

Telephone: +1 416-595-1666

Fax: +1 416-595-0094

info@aidslaw.ca

[**www.aidslaw.ca**](http://www.aidslaw.ca)

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Endnotes

¹ www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2019-45/issue-12-december-5-2019/article-4-five-year-federal-action-plan-sexually-transmitted-blood-borne-infections.html

² In fact, all parties but one recommended that funding should increase to \$100 million per year. See: Standing Committee on Health, *Strengthening the Canadian Strategy on HIV/AIDS* (June 2003).

³ Government of Canada, *Federal Initiative to Address HIV/AIDS in Canada* (2004), p. 9. We note with concern that the online version of this publication on the PHAC website appears to have had the funding commitments removed at some point. However, the original publication is available in full (in PDF format) online at <http://librarypdf.catie.ca/PDF/P18/21731e.pdf>.

⁴ Health Canada and Public Health Agency of Canada, *Evaluation of the Federal Initiative to Address HIV/AIDS in Canada 2008-09 to 2012-13*, [Appendix 2: Federal Initiative Allocation and Expenditures, 2008-09 to 2012-13](#) (January 2014).

⁵ This figure is the one given by Health Canada and PHAC in its *Evaluation of the Federal Initiative to Address HIV/AIDS in Canada 2008-09 to 2012-13* (January 2014). It has also been reiterated by PHAC in its presentations: e.g., Health Canada and Public Health Agency of Canada, “Evaluation of the Federal Initiative to Address HIV/AIDS in Canada: Key Stakeholders’ Briefing,” June 3, 2014 (Presented by Shelley Borys, Director General, Evaluation Directorate), slide deck on file (see “Annex: History of the Federal AIDS Response,” slide 11).

⁶ This decision by the government of the day in FY 2007-08 to divert funds from the Federal Initiative to the new CHVI was protested by the national HIV organizations (commonly known as the “National Partners”) and numerous other community-based organizations in the HIV sector. As communicated both verbally and in formal correspondence to the Health Minister, the National Partners were supportive of Canada’s decision to invest in HIV vaccine research but, consistent with the earlier recommendations of the majority of the House of Commons Standing on Health, called for this to take the form of new investments in the HIV response, rather than coming at the expense of existing, needed services. Members of the Canadian Association for HIV Research (CAHR), including researchers benefitting from funding available through the CHVI, also adopted, at their 2008 AGM, a motion to this effect, calling for a restoration of funds to the Federal Initiative to preserve the funding available via the Federal Initiative for both community-based programs and research initiatives via the Canadian Institutes for Health Research.

⁷ Government of Canada, *Federal Initiative to Address HIV/AIDS in Canada* (2004), p. 9.

⁸ *Federal Initiative to Address HIV/AIDS in Canada Implementation Evaluation Report (2004-2007)*, [Annex I-4 - Federal Initiative Allocations by Areas of Action](#) (2009).

⁹ This figure (of \$60.93M) represents the planned Federal Initiative amount in FY 2007/08 of \$71.2M (as previously committed), minus the \$10.27M that PHAC identified in December 2007 as the summary of “known” amounts for FY 2007-08 either being reallocated from the FI to CHVI (\$3.7M) or simply cut entirely from the FI (\$6.57M, with cuts to both Grants & Contributions and Operations & Management). This information was presented by PHAC officials, including the Chief Public Health Officer, in person to national HIV/AIDS organizations at a meeting in Ottawa on December 6, 2007: Public Health Agency of Canada, “Federal Initiative to Address HIV/AIDS in Canada Funding and the Canadian HIV Vaccine Initiative: Presentation to National HIV/AIDS Non-Governmental Organizations,” December 6, 2007 (slide deck on file, slides 11 and 13). As reported at the end of FY 2007-08, the actual spending was very close to this revised figure for planned expenditures in the year.

¹⁰ Public Health Agency of Canada, *2007-08 Departmental Performance Report: Supplementary Information*.

¹¹ Public Health Agency of Canada, *2013-14 Departmental Performance Report: Supplementary Information*, pp. 27–35.

¹² Public Health Agency of Canada, 2014–15 *Departmental Performance Report: Supplementary Information Tables*.

¹³ Public Health Agency of Canada, 2015-16 *Departmental Performance Report: Supplementary Information Tables*.

¹⁴ Public Health Agency of Canada, 2016–17 *Departmental Results Report: Supplementary Information Tables*.

¹⁵ Public Health Agency of Canada, 2017–18 *Departmental Results Report: Supplementary Information Tables*.

¹⁶ Liberal Party of Canada, Response to Federal Election 2019 questionnaire from the Canadian HIV/AIDS Legal Network, October 1, 2019, online: www.aidslaw.ca/site/wp-content/uploads/2019/09/Liberals.pdf.

¹⁷ UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, UNGA Resolution A/RES/70/1 (October 2015), Sustainable Goal 3 – online at <https://sustainabledevelopment.un.org/sdgs>.

¹⁸ R. Rodriguez-García et al, “Evaluation of the community response to HIV and AIDS: learning from a portfolio approach,” *AIDS Care* 2013;25 Suppl 1: S7–19, online: <https://doi.org/10.1080/09540121.2013.764395>.

¹⁹ UNAIDS, *Follow-Up to the Thematic Segment from the 38th Programme Coordinating Board meeting: “The role of communities in ending AIDS by 2030,”* Doc. UNAIDS/PCB(39)/16.19 (4 November 2016), online: www.unaids.org/en/resources/documents/2016/PCB39_FollowupThematch_16.19.