

Final draft of the Global Treatment Action Group (GTAG) signon letter regarding G8 issues. GTAG is a coalition of Canadian NGOs and AIDS service organizations that has been campaigning on HIV/ AIDS issues including Bill C-9. The final letter will be sent formally to the Canadian Prime Minister with 50 or so signatures in April 2005.

Multiple letterheads

Draft sign on letter

April __, 2005

The Right Honourable Paul Martin
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON
K1A 0A2

Dear Prime Minister:

Re: Priorities for Canada and the G8 in addressing HIV/AIDS and development

As Canada embarks on preparations for the upcoming G8 Summit we would like to take this opportunity to acknowledge the very important steps your government has taken recently to address urgent health and development priorities around the world, including the following:

- the passage of the Jean Chrétien Pledge to Africa Act (Bill C-9) enabling compulsory licensing of pharmaceutical patents and the export of generic pharmaceutical products to countries with insufficient domestic manufacturing capacity;
- the substantial contribution to the World Health Organization "3 by 5" initiative, which aims to see 3 million people in developing countries on treatment for HIV/ AIDS by 2005;
- the doubling of Canada,s contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- the contributions to the UNFPA to address reproductive health commodity shortages and to the International Partnership for Microbicides to support the development of new HIV prevention technologies;
- the increased funding to address HIV/ AIDS in Canada through the Federal Initiative on HIV/ AIDS, which will support the invaluable work of community based organizations responding to HIV/ AIDS in Canada; and
- the participation of Honourable Minister Goodale on the Commission for Africa which recognized the centrality of resource allocation in implementing successfully the various strategies previously adopted by Canada and other G8 members to rebuild public health and address HIV/ AIDS in Africa (March 11 2005 report).

As a package these interventions are welcome contributions to address domestic and global health needs and show leadership in this area.

As international development organizations, AIDS service organizations, unions, faith-based groups, human rights organizations, persons living with HIV / AIDS we believe that it is important not only to recognize the government's recent actions but also to provide our constructive analysis and recommendations for the future.

Additional resources

We urge Canada to support the Commission for Africa's recommendation calling on all G8 countries to fully fund the GFATM. We thus expect the Canadian Prime Minister and other G8 leaders to announce at the July Summit their full commitment to the Global Fund as part of their Action Plan for Africa (in Canada's case, this would mean a commitment of at least US\$150 million for 2006).

Importantly, these commitments should mean new resources. We are very concerned that recently added funding to the GFATM and the WHO "3 by 5" initiative will take up almost half of the additional funds allocated to CIDA in the 8% increase announced in the 2005 Budget speech. The intention of the Global Fund was to tap *additional* resources to address the three diseases, not to take funds from already stretched official development assistance (ODA) budgets. Civil society organizations, the UN Special Envoy on HIV / AIDS in Africa Stephen Lewis, and others such as Bono have pointed to the urgent need to increase the level of ODA to 0.7% of GNI as soon as possible. Canada reiterated this promise yet again in joining all other UN Member States in adopting the "Declaration of Commitment on HIV / AIDS" in June 2001. If Canada is to do its part in helping the world meet the Millennium Development Goals (MDGs), a commitment to increase both the quantity and quality of aid is needed. Canada can easily mobilize the resources to support critical initiatives such as the Global Fund and "3 by 5" without gutting other aspects of the needed boost to development assistance.

Several other countries have set firm deadlines for reaching the target of 0.7% of GNI. Belgium and Finland have committed to reaching this target by 2010, France and Spain by 2012 and Britain by 2013. We join the Canadian Council for International Cooperation (CCIC) and the broad-based „Make Poverty History%oo campaign in calling on you to set a timetable for Canada to reach this target and urge you to make this commitment at the Gleneagles summit of G7 leaders.

We also wish to point out that Canadian and Southern civil societies have been largely cut out of many of the new program approaches introduced by CIDA in its new "aid effectiveness strategy". Funding for civil society organizations working internationally has not increased for many years and CIDA is in the process of reducing the number of partners with which they work. While we support bilateral and multilateral initiatives and improved aid effectiveness, we believe Canada is overlooking the important role our voluntary sector can play in development programming. We urge Canada to recommit to supporting the important role played by NGOs and civil society organizations in development programming.

HIV/AIDS and the Workplace

By 2010, Sub-Saharan Africa's total labour force is expected to have shrunk by 9 per cent due to HIV / AIDS (Commission on HIV / AIDS and Governance in Africa (CHGA) and

ILO-AIDS, November 2004). Labour losses may top 20 per cent in the worst affected countries. By 2015 the losses could reach up to 12 per cent overall, reducing the labour supply by as much 30-40 per cent in the highest prevalence countries. Central to the challenges faced by workers affected by HIV/AIDS is the dependency of large extended families on their wage-earners – while everyone may be involved in some productive agricultural activity or craft, only a few earn salaries that will pay for the burden of AIDS: medical bills, children's school fees, funerals, care for orphans and so on. Formally employed workers are thus at the heart of family and community support networks, particularly in Africa.

In 2000, Health Canada produced *Enhancing Canadian Business Involvement in the Global Response to HIV/AIDS*. In 2003, the then Minister of Foreign Affairs expressly requested advice on how engaging the business sector in the HIV/AIDS response could be a key part of Canadian foreign policy, and the Ministerial Council on HIV/AIDS made numerous recommendations in this regard, in its report *Meeting the Challenge: Canada's Foreign Policy on HIV/AIDS, With a Particular Focus on Africa*, some of which we take the opportunity to reiterate here. Yet the government of Canada and most of our international companies have not adopted even the minimum standards recommended by the International Labour Organization (ILO) in the Code of Practice on HIV/AIDS and the World of Work. The Government of Canada should show leadership in this area by adopting progressive and comprehensive workplace policies for their locally engaged staff working in Embassies, High Commissions and other ancillary offices throughout the world.

Furthermore, Canada and other G8 governments should promote the ILO Code of Practice on HIV/AIDS and the World of Work by increasing funding to innovative bilateral, multilateral and non-governmental international cooperation to this end. Governments should also encourage companies headquartered in G8 countries and NGOs working overseas to adopt comprehensive workplace policies, including the provision of ARV treatment to their overseas staff and dependants. To achieve this, in Canada and other G8 countries, the ministers for Foreign Affairs, Industry, International Development and Labour, in consultation with the appropriate employers, workers and civil society representatives, should assess the workplace policies of employers working internationally and promote sharing of best practices among them. Any company receiving funding from G8-based governmental agencies such as CIDA or the Canadian Export Development Bank should be required to submit an annual HIV/AIDS audit in much the same way that they currently have to account for their environmental practices.

Public Health Systems

As recently recognized by the Commission for Africa, the successful fight against HIV/AIDS and other diseases in Africa also rests on the strengthening of national health systems, including public health services and infrastructures, clean water supply and sanitation, preventive interventions, procurement and management of medical products, and not-for-profit medical research into vaccines and medicines. A major obstacle preventing the scale up of HIV treatment is the shortage of trained health care workers in developing countries, particularly in African countries. There is an urgent need to radically enhance investment in public health systems in developing countries, strengthening and expanding this infrastructure where it exists and creating it where it currently is lacking. Training for doctors, nurses and other health workers is needed urgently - particularly as countries beginning to roll out treatment programmes. A G8

plan to reinvigorate the teaching of health professionals is thus urgently needed. At the same time, Canadian provinces and G8 countries must commit to put an end to the provision of incentives to encourage recruitment of health care professionals from countries burdened with high prevalence of HIV / AIDS and other serious public health problems.

Access to medicines: intellectual property and international trade agreements

In order to protect and strengthen countries, health systems, including their ability to obtain affordable pharmaceutical products, there should be no extension of the WTO's Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) in any further regional or bilateral treaties. Canada and other G8 nations must ensure the right of any other country to determine its own health policies and exempt them from trade and investment negotiations and agreements, at the World Trade Organization (WTO) or elsewhere. Exemptions for health must be defined broadly, including health-related sectors and measures. Such a general exemption should be included in the General Agreement on Trade in Services (GATS) to protect all aspects of the health system from GATS challenges. There must be an exemption for public services from GATS and other international negotiations.

Gender and HIV / AIDS

A more comprehensive response to gender vulnerability to illness, and HIV / AIDS in particular, is needed. This must include specific preventative interventions such as research into microbicides and reproductive health education. But gender inequality more broadly is also a factor that inhibits HIV / AIDS and other illnesses prevention. The ability of women and girls to be healthy and the burden of care they carry are inextricably linked with gender equality, socio-economic equity and empowerment.

Canada and other G8 countries should thus increase their efforts to address gender-related HIV vulnerability factors such as poverty, discrimination, exploitation and abuse, through the main-streaming and strengthening of gender and rights-based approaches in all international policy and programs. Additional development assistance to Africa should also be provided by G8 countries to help African states in areas that would benefit women in particular, and reduce their AIDS vulnerability, such as the promotion of their increased access to public health services and education, employment and income generation activities, child care services, women,s leadership development, legal reforms, land and property rights, affordable and safe housing, as well as protection from gender-based violence, trafficking and exploitation.

Debt Cancellation

The burden of debt makes it impossible for many countries to make adequate investments in their health infrastructure to address HIV / AIDS and other diseases of poverty. As a co-author of the report of the Commission on Africa, the Honourable Ralph Goodale, Minister of Finance, has stated that up to „100% debt cancellation% is needed. Canada's leadership role in the international movement to cancel bilateral debts and in the moratorium on debt payments for countries affected by the December 2004 tsunami in South Asia is recognized and welcome. Canada has also shown an interest in moving the multilateral debt cancellation debate forward through its February 2005 debt servicing proposal. This proposal has some strong points including extending the plan to countries outside of the HIPC process and working towards freeing up resources for

poor countries as soon as possible. However, the Canadian proposal is insufficient, as it does not secure full and unconditional cancellation.

2005 has been identified as a year where we can truly begin to make poverty history and now is the moment where the political will must be found to finally and fully cancel multilateral debts. It is time to seize the international momentum and make good on the promise, often made but never delivered, to permanently remove the debt burden of the poorest countries. We call on Canada to advocate with G8 partners for the immediate and unconditional cancellation of 100% of the debts owed to multilateral financial institutions by all impoverished countries that need debt cancellation, in order to meet the Millennium Development Goals, including halting and then reversing the HIV/AIDS pandemic. We urge the Minister of Finance to work with his colleagues to explore all means available to finance full cancellation. We agree with the Minister's statements that these funds must be in addition to previous commitments. Several financial mechanisms that would fit these criteria have been recommended, not the least of which is to free up resources through a phased revaluation or sale of IMF gold reserves, through World Bank loan loss provisions, or through resources generated by the innovative financial proposals advanced by the French and German governments.

Canada could play an invaluable role by brokering a package of measures allowing each G7 Minister an opportunity to contribute to a truly innovative and comprehensive solution to debt and resources for development.

Research Initiatives

New HIV/AIDS prevention technologies, including vaccines and microbicides are global public goods requiring both private and public sector investment. Funding for both initiatives will need to be scaled up substantially. The sooner these technologies are available the sooner the world can turn around the HIV/AIDS pandemic.

- We urge Canada and other G8 leaders to commit to investing substantial resources over the next five years to develop microbicides, anew HIV prevention technology, to combat the increasing feminization of the global AIDS epidemic. Microbicides are the best and most immediate hope for supplying women and girls with a female-initiated HIV prevention tool. Microbicides have the potential to save millions of lives.
- We call on Canada to reconfirm support and funding for collaborative AIDS vaccine research efforts and endorse the Global HIV Vaccine Enterprise scientific plan. G8 countries must commit to significantly increasing funding for AIDS vaccine research over the next three years, and to creating an advance purchase commitment that will enable global access to an AIDS vaccine.
- We also call on Canada and other G8 nations to increase support for partnerships with developing countries to strengthen their capacity to engaged in microbicides and vaccine research and to expand infrastructure for clinical trials of these needed products.

Global Health is a Human Right

Finally, we take this opportunity to draw to your attention the enclosed document, *Global Health is a Human Right!: A Civil Society Common Platform for Action on HIV/AIDS and Global Health*. This platform is the product of an ongoing collaboration between a variety of national and local organizations united in their concern for the human right to health, domestically and globally, and is being endorsed by a growing number of civil society actors across the country. We offer it as an important contribution to strengthening Canada's policy approach to health. We are pleased to see that, since its adoption, there have been some positive steps taken by Canada, such as those mentioned at the outset. As Canada is currently in the process of reviewing its foreign policy, we urge you to incorporate the points from this Common Platform into the government's priorities.

We would welcome an opportunity to dialogue on these issues in more detail, and look forward to your response.

Yours truly,

Interagency Coalition on AIDS and Development
Canadian HIV / AIDS Legal Network
Others
Encl.

cc Hon Aileen Carroll, Minister of International Co-operation
Hon Ralph Goodale, Minister of Finance
Hon Pierre Pettigrew, Minister of Foreign Affairs
Hon David Emerson, Minister of Industry
Hon. Ujjal Dosanjh, Minister of Health
Hon. Jim Peterson, Minister of International Trade