



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

**Submission by the HIV Legal Network
October 2022**

**Challenging Wrongs. Advancing Rights. Transforming Lives.
Combattre les injustices. Faire avancer les droits. Transformer des vies.**

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Recommendation 1:

That the government increase federal funding for the HIV response to meet the amount unanimously recommended by the House of Commons Standing Committee on Health (most recently in 2019). In 2019, the amount recommended was \$100 million annually; this amount should be adjusted for inflation.

Recommendation 2:

That the government simultaneously increase federal funding for hepatitis C (HCV) and other sexually transmitted and blood-borne infections, either by existing (including the Community Action Fund and the Harm Reduction Fund) or new mechanisms.

Recommendation 3:

That the government consult with leaders in the sector(s), including those with lived and living experience, for input on mechanisms to distribute this funding.

The ongoing 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 is 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 continue to 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 ongoing 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 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.

Leading up to the AIDS 2022 conference, held in Montreal, Canada, this past summer, we had hoped to see additional monies made available for the HIV response that might bring us closer to what has been unanimously recommended by the House of Commons Standing Committee on Health (most recently in 2019). While a modest, one-time \$17.9 million commitment to HIV testing was announced at that venue, and is certainly welcome, this amount falls far short of what the sector actually needs to end the HIV pandemic. As of September 2022, the Government of Canada has pledged to contribute its fair share to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which is an important and most welcome development. **We hope that the domestic response to HIV might also reflect Canada’s commitment to ending the HIV pandemic, at home and around the world.**

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 flatlined at the level of roughly \$70 million a year since.

The appended 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 1) 2021, 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, there has been no government response to the Standing Committee's report.

During the 2021 election campaign, the Liberal Party of Canada (LPC) told us that it is committed to continuing "to work with people living with HIV and AIDS as well as community and advocacy organizations to create supportive networks that ensure no one is left behind." It also emphasised its commitment to encouraging testing and connecting people with treatment, recalling the creation of the Action Plan in 2020. Finally, it was indicated that the LPC would "also assess our plan and investments as part of a broader review of public health in Canada and the Public Health Agency of Canada once we are through the current crisis."

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.

It is again 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 in 2019, with unanimous support from all parties in Parliament.

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 provide adequate funding for the federal government's response to HIV (and adequate funding for the response to HCV and other STBBIs).



HIV: Funding the Fight

“A major struggle for us, and many AIDS service organizations across Canada, is that right now, we’re always reacting and feeling as though we’re doing the bare minimum. Oftentimes we can’t reach and help those who need it most. Increased funding would allow us to address larger issues at hand, and greatly increase services with fewer gaps.”

– GILLES CHARETTE, EXECUTIVE DIRECTOR OF HIV/AIDS REGIONAL SERVICES (KINGSTON, ONTARIO)

In 2003, the House of Commons Standing Committee on Health unanimously recommended that Canada double its HIV funding to \$85 million annually. A year later, the government launched the *Federal Initiative to Address HIV/AIDS in Canada*, with a commitment to reach this level of funding by 2008 and sustain it thereafter.

The promised increase in HIV funding, however, was soon derailed. In 2007, a new federal government abandoned the commitment of increased HIV funding — instead freezing HIV funding at approximately \$72.6 million annually. In addition, it launched a new five-year initiative on HIV vaccine research, but rather than committing new funding for this, diverted millions from the already-lowered allocation intended for existing services and programs. (That research initiative was then extended for a further five years; it ended in 2017 but the funds that were being diverted to it each year have still not been restored to the Federal Initiative.)

As a result, from the launch of the Federal Initiative in 2004–05 through the end of the 2017–18 fiscal year, more than \$123 million in total has been diverted or withheld from committed HIV funding. Services and organizations have either closed or have discontinued some programs, despite the clear need.

In 2019, the federal government released a new federal *Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections* (STBBIs), including HIV. However, the plan does not include firm targets (hence weakening accountability) and the funding is simply inadequate: the \$87 million per year the government has now committed is intended to

address not only HIV but also hepatitis C (HCV) and other STBBIs, putting even greater strain on what were already recognized as insufficient resources for addressing HIV alone.

Community organizations across the country have called for an adequately funded federal HIV strategy for decades. In June 2019, federal MPs reiterated this call, when the House of Commons Standing Committee on Health once again unanimously recommended an increase in federal funding for just the HIV response, this time to \$100 million annually.

PRIORITIES FOR ACTION

In order to have any chance of meeting global targets endorsed by Canada and all countries, including UNAIDS’ targets for HIV prevention and treatment and the Sustainable Development Goal of ending AIDS by 2030, we must:

- **Commit to restoring 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.
- **Fund the response to HIV alone at \$100 million annually**, the level recommended by the House of Commons Standing Committee on Health in 2019 — including secured, long-term funding for the community-based organizations that are essential to this response.
- **Provide additional funding** for the necessary and complementary efforts to address HCV and other STBBIs.

FACTS AND FIGURES

- Since the launch in 2004 of the *Federal Initiative to Address HIV/AIDS in Canada*, through the end of 2017–18, more than \$123 million of funding committed to the HIV response has simply never been delivered.
- 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. With Canada’s funding insufficient and mostly flatlined, it will be difficult to reach our targets and sustain an effective response to what is an ongoing public health challenge.
- There are more than 2500 new HIV infections per year in Canada. The number of people living with HIV in Canada is increasing and the epidemic affects various populations differently, with diverse needs to be addressed. The resources they need to maintain their health, and enjoy their human rights free from discrimination because of their medical condition, remain unfunded.

FEDERAL FUNDING LEVELS YEAR BY YEAR

FEDERAL INITIATIVE TO ADDRESS HIV/AIDS IN CANADA

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

* 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.

For further analysis, please see our updated brief “Funding the Fight: Federal Support Needed to End HIV as a Public Health Threat in Canada,” available at hivlegalnetwork.ca/fundingthefight.

KEY RESOURCES

Standing Committee on Health, *Strengthening the Canadian Strategy on HIV/AIDS* (June 2003).

Government of Canada, *Federal Initiative to Address HIV/AIDS in Canada* (2004). [The online version of this publication on the PHAC website appears to have had the funding commitments removed. However, the original publication is available in full (in PDF format) online at www.hivlegalnetwork.ca/federal-initiative.]

Standing Committee on Health, *The Health of LGBTQIA2 Communities in Canada* (Recommendation 20) (2019).

Sources of figures on planned and actual spending:

- *Federal Initiative to Address HIV/AIDS in Canada Implementation Evaluation Report (2004–2007)*, Annex I-4 - Federal Initiative Allocations by Areas of Action (2009).
- 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).
- Public Health Agency of Canada, *Departmental Performance Report: Supplementary Information Tables* (for each fiscal year from 2006 to 2019).

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