

The Honourable Patty Hajdu, P.C., M.P.
Minister of Health
Health Canada
Sent via email: hcmminister.ministresc@canada.ca

November 26th, 2020

Dear Minister Hajdu:

We write during challenging times, and we acknowledge COVID-19 and its impact on PHAC and the Ministry of Health - but we cannot lose sight, or ground, in addressing HIV, hepatitis C and other STBBIs. In advance of World AIDS Day 2020, it is important to acknowledge the progress made. We have made good gains with respect to our international commitments, but much work remains to be done. This will take a concerted effort and a reaffirmation at the federal level is essential, including sufficient funding for our response.

We are concerned that the current level of federal resourcing for addressing HIV, hepatitis C and other STBBIs is insufficient. In 2003, the House of Commons Standing Committee on Health unanimously recommended that Canada double its committed HIV funding to \$85 million annually. Unfortunately, this has never been achieved, and it has been calculated that more than \$123 million in total has been diverted or withheld from committed HIV funding to date. Today, federal funding is at \$87 million, but the expectation is that these funds will be used to address not only HIV but also hepatitis C and other STBBIs. This undercuts our national response to all diseases. Community organizations and people living with HIV have been calling 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 (HESA Report). We need to both cost out and resource the Five-Year Action Plan for all STBBIs in order to meet your government's own commitments, including confronting stigma and clear commitments to Canada's Indigenous communities to ensure that initiatives are culturally safe and responsive.

Therefore, we call upon the federal government to increase HIV funding to the \$100 million recommended by MPs. We also call on the federal government to sufficiently fund community services addressing hepatitis C and other STBBIs. The overdose and COVID-19 public health emergencies are only accentuating the need to act, and act now.

Providing sufficient funding will reinforce the capacity and resilience of the community-based response that is so essential to effectively addressing HIV, hepatitis C and other STBBIs. Community-based organizations (CBOs) work with some of the most vulnerable members of our society and provide services that are flexible, timely, and highly cost-effective. These strengths have been essential throughout the overdose and COVID-19 pandemics. Additional support from the federal government would also help BIPOC-serving CBOs to consolidate their capacity and build on their successes. For instance, Indigenous Peoples have the solutions to the issues that Indigenous Peoples face, and increased federal support would address TRC Calls to Action #19 and #21. All told, it is CBOs that bring the lived experiences of people living with HIV, hepatitis C and/or most at risk to the table. CBOs also advocate for the health and rights of people living with, and most at risk of, HIV, hepatitis C and other harms, and for the evidence-based policies, programs and services to end these epidemics.

Our STBBI public health infrastructure has been hampered by COVID-19. CBOs have stepped up and will continue to do that. Increasing the envelope of funding for PHAC's CAF and HR Fund will ensure that CBOs can continue to respond to multiple health crises with nimble creativity. Hospital-based and other public health STBBI testing, prevention, and support services reallocated their staff and

resources during COVID-19. CBOs have doubled down, in some cases expanding services and hours of operation. PHAC's funding plays a critical role in novel STBBI prevention and treatment services on the part of CBOs. Sadly, many CBOs are struggling with sustainability and their ability to continue to effectively serve their communities. Now is not the time for the status quo. Now is the time for enhanced investment.

With World AIDS Day 2020 fast approaching, we call on you to reaffirm Canada's international commitments including to UNAIDS, the Sustainable Development Goals, and the World Health Organization's viral hepatitis 2030 elimination target. We ask you to acknowledge the challenges that COVID-19 has brought to the fight against HIV (and hepatitis C), but that the response to one pandemic cannot derail our responses to others.

We call on you to recognize the many lessons we have learned from addressing HIV and hepatitis C in Canada - in particular the way people living with HIV (PLHIV) and other lived experiences have challenged stigma - and the community commitment to providing accessible and non-judgmental information and supports. These approaches and lessons can be helpful in how we respond to new pandemics like COVID-19. Additionally, the community has long challenged the criminalization of PLHIV, and we continue to underscore the fundamental importance of protecting and fulfilling human rights.

Finally, community has long advocated for a harm reduction approach and we applaud the federal government for endorsing this as well as providing targeted funding within the PHAC CAF and HR Fund, and Health Canada's SUAP. Although not directly related to the shortfalls and opportunities described herein, this was welcomed in our sector. And as the overdose crisis continues to devastate communities across Canada, we call on you to expand your stated commitment to harm reduction in every possible way.

Minister, we would greatly welcome the opportunity to have a virtual meeting with you, prior to World AIDS Day 2020, to discuss our shared successes, the necessity for increased funding, and our other calls to action.

Respectfully,

Celeste Hayward, Executive Director, Alberta Community Council on HIV (ACCH)

Leona Quewezance, Program Director, All Nations Hope Network

Gerard Yetman, Chair, Action Hepatitis Canada (AHC)

Jacque Gahagan, Co-Director, Atlantic Interdisciplinary Research Network: HIV/HCV (AIRN)

Margaret Kisikaw Piyesis, CEO, Canadian Aboriginal AIDS Network (CAAN)

Gary Lacasse, Executive Director, Canadian AIDS Society (CAS)

Laurie Edmiston, Executive Director, CATIE

Ken Monteith, Directeur général, Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)

Jody Jollimore, Executive Director, Community-Based Research Centre (CBRC)

Scott Elliott, Executive Director, Dr. Peter AIDS Foundation

Richard Elliott, Executive Director, HIV Legal Network (HLN)

Mike Payne, Executive Director, Nine Circles Community Health Centre

Shannon Ryan, Executive Director, Ontario AIDS Network (OAN)

J. Evin Jones, Executive Director, Pacific AIDS Network (PAN)

Rose Marie Cooper, Acting Executive Director, Pauktuutit Inuit Women of Canada

Tammy Yates, Executive Director, REALIZE