

Towards 100% Support of the Federal Initiative to Address HIV/AIDS in Canada.

In May 2004, the Government of Canada announced that funding for the Federal Initiative would increase from 42.2 million in 2003-2004 to 84.4 million annually by 2008-09.¹ The total amount of this support has never been realized.

The Canadian AIDS Society asks that in the 2015-16 budget, all parties return to their commitment of \$84.4 million and that these additional resources be targeted to community-based grants and contributions, to ensure that services and programs for Canadians at risk of HIV/AIDS are available in all parts of the country.

The Canadian AIDS Society is a national coalition of 100 community-based AIDS organizations across Canada. We are mandated to act as a national voice for the community-based AIDS movement in Canada and to advocate on behalf of people living with HIV/AIDS in Canada. In 2014 we mark our 28th anniversary, as the oldest national AIDS coalition in Canada.

In the past 30 years AIDS has become a global pandemic, affecting every nation and decimating communities around the world. Globally there are an estimated 35.3 million people living with HIV/AIDS, and 1.6 million were estimate to have died in 2012. In Canada, as of December 31, 2012 there have been 14,030 deaths related to AIDS. As of 2011, there are an estimated 71,300 people living with HIV and AIDS in Canada, and it is estimated that 17,825 of these people do not know they have been infected with HIV.

The Federal Initiative to address HIV/AIDS in Canada is a horizontal initiative that involves The Public Health Agency of Canada, Health Canada, the Canadian Institutes of

¹ Government of Canada. **The Federal Initiative to Address HIV/AIDS in Canada.** Government of Canada, Ottawa, 2004, p 9.

Health Research and Correctional Service Canada. Figure 1 shows trends over 11 years of funding through the 4 departments defined in the Federal Initiative (2004). While the actual total amount has reached as high as 76.2 million (in 2012/13), we are still not close enough to the target to meet the needs of people living with and at risk of developing HIV infection.

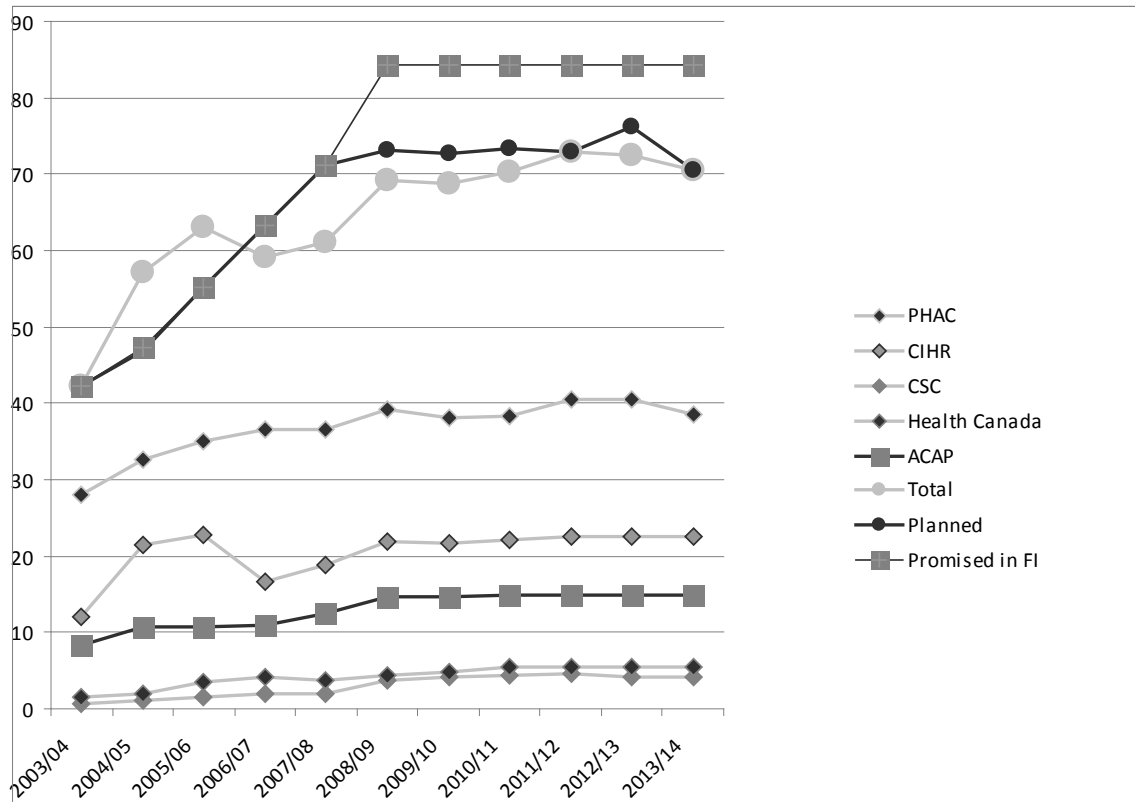


Figure 1 Results reported through the Treasury Board of Canada Secretariat annually 2004-14².

The majority of funding for community-based AIDS Service Organizations comes from The Public Health Agency of Canada through the AIDS Community Action Program. When the annual budget for the HIV/AIDS Strategy was only 42.2 million, there was over 8 million released through grants and contributions to the community-based organizations and Aboriginal groups across Canada. These grants provided support for the care, support and education of communities in cities, towns and villages in Canada.

² Data for 2003/04 was accessed through an access to information request in 2005.

When the doubling of the HIV/AIDS Strategy was announced in 2004, it was greeted with much enthusiasm by these groups, as their funding had not increased at the expected level while the epidemic continued to reach new populations and communities in Canada. Community-based funding had been stagnated for years prior to the 2004 announcement. And as the funding began to roll out, there was confidence that a doubling of the strategy would result in the doubling of resources available to community-based groups. This was not the case.

Figure 2 demonstrates the funding allocation for the AIDS Community Action Program as it was reported between 2003 and 2010³. This data is no longer available for 2010-14, because of a change in the reporting, however reports from our member organizations reflect that this funding level has remained unchanged during this time period.

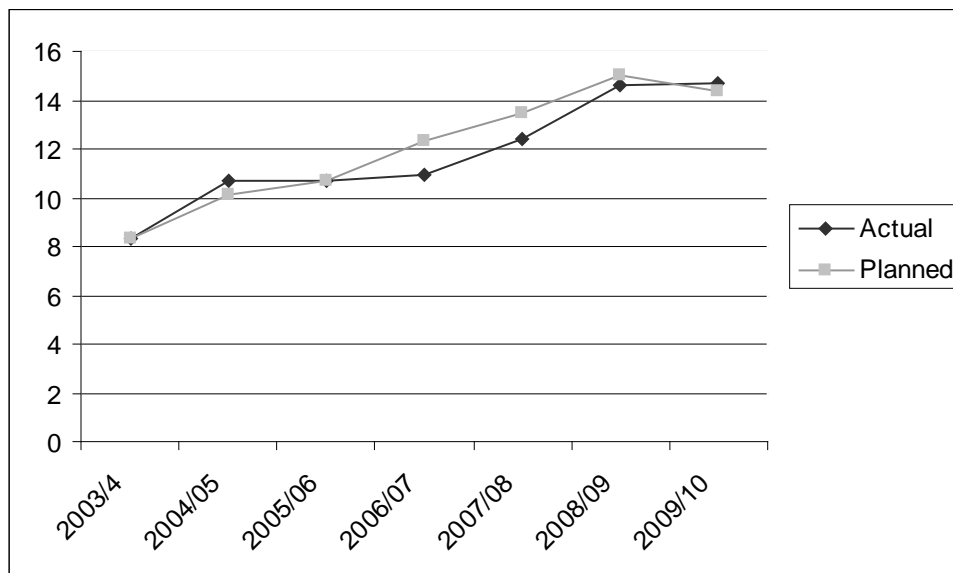


Figure 2 AIDS Community Action Plan funding 2003 to 2010

In 2011 CAS published a report entitled *The Economic Cost of HIV/AIDS in Canada*, researched by Dr. JoAnn Kingston-Riechers. This paper shows that health care and productivity costs associated with HIV/AIDS have, in total, increased since previous estimates by about 22%. Since 2001, increased survival rates have reduced productivity

³ Data taken from Treasury Board of Canada's Horizontal Initiative Database 2003-present.

losses per person and increased the cost of health care per person with HIV/AIDS. We estimate the net present value of the economic loss attributed to those recently infected with HIV to be \$4,031,500,000, or \$1.3 million per person.⁴

With these figures, we can estimate that each year, even with a conservative estimate of 2,000 new HIV cases per year in Canada⁵ the economic impact is 2.6 billion dollars in lost productivity, health care costs and quality of life.

These numbers are significant, and can be addressed by improved support for services and programs at the community level. It is most distressing to see that these resources have not been made available, in the face of such obvious need.

In 2006/07, 2007/08 and 2008/09 the federal government did not even match its spending allotment for these programs and services. This is not acceptable in the face of growing needs of community-based organizations.

Over the last 30 years, many things have changed in the Canadian experience of the HIV epidemic. Those who can afford to access treatment are living longer with the disease, raising many new concerns for those aging with this life-threatening illness. We are seeing fewer deaths, but also an increase in illnesses related both to the disease and to the side-effects of long-term exposure to treatments.

The epidemic has become entrenched in communities that are also greatly affected by poverty, discrimination and a lack of access to education and basic health services. People in these communities do not have easy access to the treatments that are available and as a result are still seeing high death rates and infection rates. Prevention and awareness efforts targeting these communities require more compound, and community-

⁴ Kingston-Riechers, PhD. **The Economic Cost of HIV/AIDS in Canada**. Canadian AIDS Society, Ottawa, 2011.

⁵ In 2012, the latest available data, there were 2,062 positive HIV test reports made to PHAC.

driven content, as we learn more about the complexities of influencing individuals to engage in practices that will protect their health in the long-term.

This experience and expertise exists in the community-based response to HIV/AIDS. As the Minister of Health, the Honourable Rona Ambrose, recently pointed out: “Canadian civil society and Aboriginal groups play an active and important role in helping to prevent the acquisition and transmission of HIV, facilitate access to prevention, care and treatment services, and improve health outcomes for people living with and affected by HIV/AIDS in Canada.”⁶

It is time to ensure that the supports required by these groups are included in the federal budget deliberations.

⁶ Press Release: **Government of Canada shows international leadership to Addressing HIV/AIDS**, 2014-07-23 accessed online at <http://news.gc.ca/web/article-en.do?nid=869979> July 31, 2014.