

OPINION: AIDS

Canada on AIDS: empty promises, broken lives

We call on the Canadian government to ensure that HIV/AIDS remains a central topic for discussion and action at the next G8/G20 meetings. The world has an obligation and moral duty to fulfill the pledge to fund universal access to modern and effective HIV/AIDS therapies.

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Last week, before leading dignitaries from the world's richest nations, Canadian Prime Minister Stephen Harper stood tall in Davos, Switzerland, and asked the assembled businessman, politicians, and academics to live up to old agreements rather than make new ones, and focus on results, not promises.

Millions of people around the world suffering from HIV/AIDS, including tens of thousands of Canadians, couldn't agree more. But today they are wondering why Canada, this year's host for both the Group of Eight (G8) and the G20 summits, appears poised to break G8 promises well before results are delivered.

The G8 has repeatedly committed to fund universal access to HIV prevention, treatment and care for HIV/AIDS since 2001, when it established the Global Fund to Fight AIDS, Tuberculosis and Malaria. More recently, at the G8 summit in Gleneagles, Scotland, in 2005, the G8 countries recommitted to turn the tide against HIV/AIDS by 2015. This included a pledge to deliver lifesaving treatment to everyone in medical need by 2010. The G8 has failed to keep its word: today, in 2010, HIV therapies are actually available to fewer than 50 per cent of HIV/AIDS sufferers in need.

And there are troubling indications that financial support is waning. UNAIDS has previously estimated that universal access required U.S. \$61-billion between 2008 and 2010, with two-thirds expected to come from interna-

tional donors. However, an analysis of G8 spending completed by the International AIDS Society at the end of 2008 suggested that G8 countries had under-committed by half—far less than needed to secure universal access. This has contributed to the ongoing spread of HIV and AIDS-related morbidity and mortality, especially throughout resource-limited countries around the world, including those in Africa.

HIV/AIDS therapies play several critical roles. At an individual level, HIV therapies effectively stop HIV from progressing to AIDS, extend life expectancy, and dramatically reduce HIV-related deaths. At a community level, appropriate use of HIV therapy substantially decreases HIV transmission. As such, treatment is an essential part of a comprehensive strategy to stop progression to AIDS and death among HIV-infected people and to decrease HIV transmission to those at risk.

The G8 will meet again in summer 2010 in Canada, providing an ideal opportunity to recommit to achieve the goal of universal access before 2015. However, Harper indicated in the ski resort town of Davos that he wants to the G8 to move on, driven by his vague, self-



Photograph: PMO

Let's talk: PM Harper pictured with Zimbabwe Prime Minister Morgan Tsvangirai at the World Economic Forum on Jan. 27 in Davos, Switzerland.

serving call to improve the health of women and children in the world's most vulnerable regions.

Harper's reference on mothers and children, bogus as it may be, dovetails perfectly in many ways with universal access to HIV medications. HIV therapy is an essential part of maternal-child health in the developing and developed worlds. It keeps mothers alive, allowing them to care for their children. It prevents HIV transmission to the child during pregnancy and delivery. HIV therapies also prevent transmission of HIV to children during breastfeeding, which allows for breastfeeding to occur. This, by itself, prevents malnutrition and diarrheal diseases, whether the child is HIV positive or not. HIV therapies prevent tuberculosis in HIV-infected people and the death of the health-care professionals that are essential to protect mothers and their children.

We call on the Canadian government to ensure that HIV/AIDS remains a central topic for discussion and action at the next G8/G20 meetings. The world has an

obligation and moral duty to fulfill the pledge to fund universal access to modern and effective HIV/AIDS therapies. The monetary cost is a fraction of the value of human lives damaged and lost, as an estimated 7,400 people still become newly infected with HIV each day and nearly 5,500 die each day from AIDS-related illness. All of these deaths and the collateral damage caused to families and communities are fully preventable.

Failure to recommit at the 2010 G8 meeting in Canada is unacceptable. Indeed, it would represent a crime against those infected, with serious consequences for us all for generations to come.

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On January 26, 2010
Prime Minister Stephen
Harper said

"... Canada will be making this (maternal and child health) the top priority in June at the G8 ... Far too many lives and unexplored futures have already been lost for want of relatively simple health care solutions."

The SOGC is on the ground in Haiti, Uganda, Burkina Faso, and Guatemala; we know *firsthand* the cost effective health care solutions that can make a difference to the health of women and children. What we need is concrete financial commitments for programs that will:

- Strengthen local health systems
- Train more skilled birth attendants
- Train attendants in Emergency Obstetric Care
- Increase understanding of family planning and the use of contraceptives

Prime Minister, don't wait for the G8. The SOGC, working with CIDA and other partners, **can act NOW**. Show the world our country's commitment to saving the lives of women, newborns and children around the world.



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