



ALBERTA COMMUNITY  
COUNCIL ON HIV



January 8, 2015

The Honourable Rona Ambrose, P.C., M.P.  
Health Canada  
Brooke Claxton Building, Tunney's Pasture  
Postal Locator: 0906C  
Ottawa, Ontario K1A 0K9

Dear Minister,

We are writing to request your leadership and your confirmation that the current levels of funding that have been uniquely designated for community led HIV prevention programs and support services for HIV positive people across Canada will continue to remain in place and will be increased. This request is a follow up to our prior correspondence that was endorsed by AIDS Service Organizations from every province or region in Canada and sent to your predecessor, the Honourable Leona Aglukkaq on June 6, 2011. We have yet to receive a response.

Our four organizations, the Alberta Community Council on HIV, Coalition des organismes communautaires québécois de lutte contre le sida, Ontario AIDS Network and the Pacific AIDS Network, collectively represent the highest prevalence of HIV/AIDS in Canada, amounting to more than 90% of the epidemic. Our member agencies serve in 155 communities throughout Alberta, B.C., Quebec and Ontario with Boards of Directors, volunteers and staff located in local community offices.

Minister, we are requesting your confirmation that the amount of funding currently available to support direct services for HIV prevention, education and support will not be reduced in any province or region. This presents an important opportunity for the Government of Canada to acknowledge the critical role that front-line organizations play in addressing HIV and AIDS.

For more than five years the Public Health Agency of Canada has been considering what funding models to use for HIV prevention work. To date, no decisions have been made. At the same time, the review process presently underway for the new Community Action Fund, suggests that significant changes are pending in the way front line direct services are funded and delivered. Many of our member organizations are deeply concerned about a perceived lack of clarity, transparency and authentic engagement regarding the current review process. We are being asked to identify the best funding models without the funding priorities being identified, or confirmation of the funding in each province to address these unknown priorities. The rationale for these changes appear murky. If evidence suggests that these changes are required or warranted, we respectfully request to be provided with that evidence so that we can better understand the need for this process.

Furthermore, this ongoing uncertainty is weakening a system that has been proven to be effective in reducing the number of new infections. According to the Treasury Board Secretariat's Report to Parliament on July, 16, 2014 *"Results of partnerships with the public and voluntary sector include: increased ability to reach populations at risk and provide care, treatment and support to newly diagnosed cases of HIV; increased access to nutritious foods for women and families with HIV; and increased access to medical appointments and to programs and services in general for target populations."*

Although we have made significant progress, the HIV epidemic and its accompanying epidemic of stigma is still not over. Every new infection is estimated to cost \$286,965 in lifetime treatment costs and new infections continue to occur at the rate of more than 3,000 per year. The community-based response to HIV remains a proven and cost effective method of stopping HIV. Since the epidemic first began, in response to emerging and urgent needs, our members have provided direct services that have been flexible, timely, innovative and creative, often with minimal financial resources. We have brought the lived experiences of persons living with HIV/AIDS and those most at risk "to the table". We have acquired the expertise necessary to deliver effective prevention messages to



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diverse communities, educate and support people who are most at-risk and connected people who are HIV positive to treatment and care.

Despite the valuable role that our member organizations have played in reducing Canada's rate of HIV transmission, front-line work is disproportionately underfunded and chronically undervalued. The annual budget of the Public Health Agency of Canada (PHAC) is \$12.1M to support front line community-based work. This represents less than 17% of the total funding that supports the Federal Initiative on HIV/AIDS. Locally based, direct service organizations have worked within a rigorous accountability framework established by PHAC and our members have demonstrated their value time and time again. We are therefore requesting that the amount of funding dedicated to support front-line work within the Federal Initiative be significantly increased.

Funding the front-line response for HIV prevention, education and linking HIV positive people to care must go hand in hand with investments made in scientific and community based research. Until science finds a cure, we cannot abandon the lives of those already infected or at risk.

We look forward to your response regarding funding commitments in fulfillment of our shared goals of reducing HIV transmission, ending HIV stigma and finding a cure.

Sincerely,

Alberta Community Council on HIV

Coalition des organismes communautaires québécois de lutte contre le sida

Ontario AIDS Network

Pacific AIDS Network

**PLEASE NOTE Address for correspondence in care of:**  
**Ontario AIDS Network, 296 Jarvis Street, Toronto ON M5B 2C5**

cc: **Dr. Judith Bossé**, Assistant Deputy Minister Infectious Disease Prevention and Control, Public Health Agency of Canada  
**Howard Njoo**, Director General of the Centre for Communicable Diseases and Infection, Public Health Agency of Canada  
**Marsha Hay-Snyder**, Director, Programs and Partnerships, Centre for Communicable Diseases and Infection Control