

Mr. Iain Stewart, President

Public Health Agency of Canada (PHAC)

Sent via email: iain.stewart@phac-aspc.gc.ca; iain.stewart@canada.ca

February 17, 2021

Dear Mr. Stewart:

We are writing to you as 16 leading provincial, national or territorial networks and associations addressing HIV, hepatitis C and other STBBIs, to request a meeting to discuss future funding for our sector.

On November 26th, we wrote to Minister Hajdu with our shared concern that, despite the impact of COVID-19, Canada must not lose ground, in addressing HIV, hepatitis C and other STBBIs (see attached). PHAC's recently released [report](#) (p.9) has confirmed that "Canada is closing the gap; however, progress is slow and there is still work to be done in order to meet the 90-90-90" (UNAIDS HIV targets). It is less clear how Canada is faring with its other international commitments, including the Sustainable Development Goals, and the World Health Organization's viral hepatitis 2030 elimination target.

In our letter, we requested a meeting with the Minister on or around World's AIDS Day. We have yet to receive a response to our request, and while we recognize the incredible demands being placed on her time in light of COVID-19, we are passionate about pursuing this conversation. Our key concern is that the current level of federal resourcing for addressing HIV, hepatitis C and other STBBIs is insufficient to reach Canada's goals and this undermines our national response. Today, federal funding is at \$87 million annually, and the expectation is that these funds will be used to address not only HIV but also hepatitis C and other STBBIs. The House of Commons Standing Committee on Health, in the [HESA Report](#) (2019), recommended increasing total funding for the *Federal Initiative to Address HIV/AIDS in Canada* to \$100 million annually. Recently, on World AIDS Day 2020, the Senate of Canada [called on the government](#) to do the same. We have requested that the government heed the advice of its own committee and the Senate. Canada also needs to provide enough funding to sufficiently resource its Five-Year Action Plan for all STBBIs in order to meet our domestic objectives and international commitments. Sufficient resourcing is also required to effectively address stigma and to ensure that initiatives are culturally safe and responsive for all Indigenous Peoples (First Nations, Inuit and Métis), among other communities.

We need to sufficiently resource the work and resilience of community-based organizations (CBOs) that are working and/or advocating on the front lines and beyond. CBOs work with some of the most vulnerable members of our society to mobilize communities and orchestrate solutions that are flexible, timely, highly cost-effective and gender responsive. These strengths and flexibilities have been essential throughout the overdose and COVID-19 pandemics. Additional support from the federal government will help CBOs serving Black, Indigenous and other racialized people 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 and insights of people living with HIV, hepatitis C and/or those most at-risk, to the table. CBOs also advocate for the health and human 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, and during this pandemic CBOs have stepped up and will continue to do so. Increasing the envelope of funding for PHAC's CAF and HR Fund will ensure that CBOs can continue to respond to multiple health crises. Hospital-based and other public health STBBI testing, prevention, and support services have reallocated their staff and resources during COVID-19. CBOs have doubled down, in some cases expanding activities and hours of operation. PHAC's funding plays a critical role in novel STBBI prevention and treatment activities on the part of CBOs. Many CBOs are also playing a vital role in addressing Canada's ongoing crisis of overdoses and overdose deaths. The work being done by CBOs is critical and growing increasingly so. Now is not the time for the status quo of stagnating and inadequate funding. Now is the time for enhanced investment.

We would welcome the opportunity to meet with you and Minister Hajdu, to discuss shared concerns and the ways we can support PHAC in meeting our international commitments and Canada's ambitious five-year STBBI Action Plan.

Sincerely,

Raye St-Denis, Vice-Chair, 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

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 Mary Cooper, Acting Executive Director, Pauktuutit Inuit Women of Canada

Tammy Yates, Executive Director, REALIZE

CC. The Honourable Patty Hajdu, P.C., M.P., Minister of Health, Health Canada