Meeting the Challenge: Canada's Foreign Policy on HIV/AIDS

With a Particular Focus on Africa

prepared by
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for the
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EXECUTIVE SUMMARY

The carnage from HIV/AIDS is staggering. No part of the globe is immune, but sub-Saharan Africa has been the vortex of impact: tens of millions dead, hundreds of millions of lost years of life expectancy, famine, orphaned children, weakened economies, stressed government capacities, increased security threats and states threatened with collapse. The challenge to the international humanitarian conscience and to the self interest of virtually every country is profound.

This report, prepared for the Ministerial Council on HIV/AIDS, responds to an invitation from the Minister of Health to develop a review of Canada's approach to HIV/AIDS on the international stage. The Minister of Health had received a request along these lines from the Minister of Foreign Affairs.

The foundations for Canadian policy are rooted in the values embodied in our public health system, international human rights commitments, and multilateral development and health accords. These values also include support for the participation of civil society, vulnerable groups and people living with HIV/AIDS in the development and implementation of policies and programs; and the recognition of the centrality of gender as a factor in development. The response to HIV/AIDS must be governed by human rights principles and norms.

A tragedy of the magnitude of HIV/AIDS requires a response that is commensurate in size and scope. Unfortunately, the response to date has not been commensurate. The fundamental international development objectives to which Canada is committed, and the goals contained in the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, will not be met unless the challenge of HIV/AIDS is confronted on a massive scale. For Canada, scaling up means providing significantly more resources, sharing best practices, and taking a leadership role in addressing global HIV/AIDS issues. It means giving HIV/AIDS a much higher profile than it currently has in the Department of Foreign Affairs and International Trade (DFAIT) and in the other federal departments and agencies that are involved in global issues. It means greater coordination of the activities of these departments and agencies. It means developing and executing HIV/AIDS-specific strategies.

To meet the global challenges of HIV/AIDS will require a greatly increased level of material and political support from industrialized nations. This is something that Canada can and should be championing. As a wealthy country with a history of internationalism, Canada is well positioned to demonstrate leadership. DFAIT is one of the principal government agencies involved in the global response, so its role is critical. To fulfill this role, DFAIT will need to mainstream HIV/AIDS into all of its operations.

Canada needs to build coalitions for action both within the G8 and industrialized "donor" countries, but also with like-minded countries, whether developed or developing, to break political and resource log-jams that block action to reverse the deadly course of the disease in Africa and to prevent the further escalation of infections in regions such as Russia and many parts of Asia. Canada can also influence the global response to HIV/AIDS through its bilateral relationships, not least with African countries and with its neighbour, the United States.

To develop a comprehensive approach, the Canadian government must ensure coherence of relevant international policies – with respect, for example, to overseas assistance, the actions of multilateral economic institutions, trade negotiations and agreements – with an international strategy for HIV/AIDS that prioritizes human rights, including the right to health. A critical first step is to provide for a human rights evaluation of current policies, and to champion the respect for, protection of, and promotion of, human rights through diplomacy at all levels, with particular attention to commitments relevant to HIV/AIDS.

Lives – millions of lives – can and must be extended and saved. The international community has both the capacity and the resources to provide treatment for HIV/AIDS to a rapidly escalating number of people. Intellectual property provisions and practices that have privileged the profits of multinational pharmaceutical corporations over the right to health must be amended or set aside. Health systems and public services that can ensure that education, prevention and care go hand-in-hand with the effective provision and support of ongoing treatment must be reinforced and expanded.

Trade policies, particularly in the areas of intellectual property, services, investment and government procurement, that are not coherent with the objectives of an international HIV/AIDS strategy governed by human rights principles should be amended, whether these policies are in the context of multilateral, regional or bilateral negotiations and agreements. Investment in research is essential to support the development of vaccines and new treatments and to support national and international research infrastructures. Leadership is clearly required to ensure the development of a longer term strategy for research for medicines appropriate to neglected diseases and the diseases of the poor and marginalized, together with measures that will provide access to medicines for the people who need them.

Resource provision on the part of donor countries must be increased not by percentages but by multiples, if millions of lives are to be saved. Expenditure on war has recently demonstrated that the capacity in dollars exists, and that the necessary resources could be found if the will were present. Canada should significantly increase its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Debt relief, the ending of multilateral conditionalities which subvert the ability of the governments of developing countries to respond to the HIV/AIDS crisis, the need to inform and redirect poverty eradication policies by mainstreaming HIV/AIDS dimensions – these are all elements of a potentially effective strategy.

Canada has played a distinguished role in encouraging and implementing inclusive and participatory approaches to the development of domestic and international policy on HIV/AIDS, and in representation in international fora where multilateral policy is advanced and strategies are reviewed. In its bilateral and multilateral relations, DFAIT should advocate for the inclusion of NGOs, persons living with HIV/AIDS, and vulnerable groups in the development, design, implementation and monitoring of HIV/AIDS programs and policies.

Canada has been a leader in international policies for human security. Africa presents particular challenges. While security forces are both seriously affected by HIV/AIDS and can be a significant engine of further infection, they can also be instruments of education and prevention. HIV/AIDS training for African forces, peacekeepers and mine action personnel is a necessity.

The integration of an HIV/AIDS dimension in international security and peace-keeping planning is also important. The dangers present in conflict and peace-keeping are often visited upon transitional and post-conflict situations, as well as in related refugee movements. The violations of human rights, particularly those of women and children, require a strong response involving government-led preventive action and attentive international policy.

Governments in sub-Saharan Africa are under particular stress. Public services have been decimated by illness, absence and death. Response, while slow to develop, is occurring, including national strategies to save lives and research on ways to strengthen governance. Canada has played a role in strengthening public services and public institutions, but can and should contribute more. At the same time, Canada should refrain from supporting multilateral trade, investment and debt policies that weaken governments and the provision of public services.

The linkage between HIV/AIDS, food insecurity and starvation has been increasingly apparent in sub-Saharan Africa and requires an enhanced response.

Canada has had positive experiences with needle exchange programs and has recently authorized a trial of two supervised injection sites. Canada is well placed to champion the use of harm reduction strategies with other countries and to share Canadian best practices in this area and in other areas.

Canadian businesses, significant players in a number of international theatres, can and must be part of an effective response to HIV/AIDS, in their own self-interest and because of the social and economic impact of unchecked expansion of infection. Leadership in response to the HIV/AIDS challenge, both within international and domestic business communities, is developing, so an exchange of guidance and best practices should be encouraged. At the same time, respect for, and implementation of, the International Labour Organization's *ILO Code of Practice on HIV/AIDS and the World of Work* should be strongly encouraged. Canada should champion the adoption of the new Draft Norms on the Responsibilities of Transnational Corporations and other Business Enterprises with Regard to Human Rights.

There is an opportunity, now, for Canadian leadership in the international response to HIV/AIDS. The recommendations in this report are the basis for the development of a comprehensive strategy involving considerable initiative on the part of DFAIT, but also for the engagement of other relevant federal departments and agencies, and collaboration with relevant non-governmental sectors. Such a strategy calls for a high-intensity, sustained and significant scaled-up investment of Canadian capacities and resources. Canada can and should invest significant leadership capacity and resources in building an unprecedented response by the international community which will literally save lives on a massive scale.

Below is a list of the recommendations contained in this paper, organized by section and sub-section.

Recommendations:

Foundations

1: We recommend that Canada make a clear commitment to base its comprehensive response to HIV/AIDS internationally on human rights principles and norms as embodied in international instruments.

Demonstrating Leadership

2: We recommend that DFAIT, in cooperation with other relevant federal government departments and agencies, take the necessary steps to establish Canada's political and moral leadership in the global response to HIV/AIDS by championing a significantly increased level of material and political support from industrialized nations.

3: To this end, we recommend that DFAIT develop a comprehensive HIV/AIDS strategy, and that DFAIT involve other HIV/AIDS stakeholders, including the NGO sector, in the elaboration of this strategy.

4: We recommend that DFAIT develop coalitions of like-minded governments to implement specific aspects of its HIV/AIDS strategy.

5: We recommend that the Canadian Government ensure effective interdepartmental collaboration on Canada's global response to HIV/AIDS, involving all federal departments and agencies that are significantly involved in the global response; and that DFAIT work with these departments and agencies to develop the structures that would support this collaboration.

6: We recommend that DFAIT work with other relevant departments and agencies to ensure that there is an advisory body, made up of people with expertise in global HIV/AIDS issues from various sectors, including the NGO and development sectors, to provide advice to these departments and agencies on Canada's global response.

7: We recommend that in its bilateral relationship with the United States, DFAIT support United States policies in response to the HIV/AIDS pandemic that are guided by, and consistent with, international human rights norms and principles, while actively promoting alternative policies in areas where the approaches of the two countries differ.

8: We recommend that DFAIT, in its bilateral relationships, encourage other countries to honour the commitments they made in the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS; and that in multilateral fora, DFAIT promote the Declaration of Commitment on HIV/AIDS.

9: We recommend that DFAIT enter into discussions with relevant stakeholders in Canada, such as Health Canada, the Canadian International Development Agency and NGOs working on global AIDS issues, to review the international commitments containing in the Declaration of Commitment, and to identify actions that DFAIT can take in support of these commitments.

10: We recommend that in multilateral fora and in its bilateral relationships, DFAIT promote the need for national HIV/AIDS strategies to include programs for men who have sex with men, sex trade workers, injection drug users and indigenous peoples.

11: We recommend that DFAIT adopt a comprehensive HIV/AIDS workplace policy for all of its offices abroad, embodying, at a minimum, the principles and policies established in the *ILO Code of Practice on HIV/AIDS and the World of Work;* and that its workplace policy cover locally engaged staff as well as employees of the Government of Canada.

12: While it is ultimately the responsibility of government to provide treatments for people living with HIV/AIDS, we recommend that until such time as governments are able to provide treatment, DFAIT should demonstrate strong leadership by covering the costs of treatments to HIV positive locally engaged staff, their partners and dependents.

Key Foreign Policy Directions

Scaling Up Canada's Response

13: We recommend that DFAIT work with other governments, international agencies and NGOs to champion the development of an international strategy and action plan to massively scale up support to save and extend lives, reinforce health systems and halt and reverse the spread of HIV/AIDS in Africa; and that DFAIT use its experience in this initiative to inform actions in other regions confronting the epidemic.

14: We recommend that the DFAIT develop and implement a plan for mainstreaming HIV/AIDS in its operations, and that DFAIT seek advice on the development of this plan from Canadian non-governmental organizations with experience in the area. The plan should:

- include measures to integrate HIV/AIDS into the work of all work units of DFAIT, including the foreign embassies, high commissions and consulates;
- call for the inclusion of HIV/AIDS activities in the workplans of all work units;
- increase the resources allocated to the HIV/AIDS Unit in DFAIT, and provide it with a mandate to play a coordinating role within the department;
- increase the resources allocated to the Human Rights, Humanitarian affairs and International Women's Equality Division in DFAIT, to enable it to respond to the human rights dimensions of HIV/AIDS and health;
- include measures to ensure effective linkage between HIV/AIDS, human rights and trade units, within a human rights-based policy framework; and
- include the development of training programs on global HIV/AIDS issues, and the human rights dimensions of HIV/AIDS, and the delivery of this training widely throughout DFAIT.

Promoting Human Rights

15: We recommend that DFAIT, utilizing the expertise of its Human Rights, Humanitarian Affairs and International Women's Equality Division, take the lead in developing a process for public, independent and transparent human rights assessments of trade negotiations; that DFAIT invite other relevant departments and agencies, including the federal and provincial statutory human rights agencies and non-governmental human rights, development, health and HIV/AIDS organizations, to participate in the design of appropriate frameworks and processes, and to contribute evidence and impact evaluations for this assessment; and that the criteria of human rights-compatibility and compliance be the guiding evaluatory principle of this assessment.

16: We recommend that DFAIT, in cooperation with other relevant departments and agencies, strengthen its support for, and promotion of, human rights and promote the recognition by all states of their obligation to respect, protect and promote human rights in the response to HIV/AIDS, through international initiatives designed to:

- champion the International Guidelines on HIV/AIDS and Human Rights, their application and further development;
- encourage and support actions by national governments to respect, protect and promote human rights through such measures as: (a) developing national legal frameworks related to HIV/AIDS; (b) developing legislative and administrative measures to protect people living with HIV/AIDS from discrimination; (c) implementing measures to enhance gender-specific policies that reduce vulnerability and protect the human rights of women and girls; and (d) implementing measures to achieve greater human rights education and public mobilization;
- provide resources and expertise to agencies advancing such initiatives – agencies such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Fund for Technical Cooperation and Assistance (of the Office of the High Commissioner for Human Rights), and the United Nations Development Programme's Thematic Trust Fund on HIV/AIDS;
- enhance the enforcement mechanisms of the Covenant on Economic, Social and Cultural Rights, by championing and building support for the proposed Optional Protocol to the Covenant which, among other things, would open access for complaints by victims of violation of human rights; and
- enhance the work of the United Nations Commission on Human Rights, its Sub-Commission on the Promotion and Protection of Human Rights, and the United Nations Committee on Economic, Social and Cultural Rights, by advocating for these bodies to continue to monitor the ongoing challenge of HIV/AIDS; by supporting ongoing research regarding the implications of trade, investment and service agreements for the enjoyment of the right to health, and for access to medicines and services; and by supporting the work of the United Nations Special Rapporteur on the Right to Health.

17: To help ensure that the exercise of Canadian policy is thoroughly informed by Canada's human rights obligations, we recommend that DFAIT ensure that the research reports of the Commission, Sub-Commission and other human rights mechanisms and bodies are brought to the attention of trade negotiators and their advisors; and form the basis for dialogue with NGOs in consultative processes related to the preparation or review of Canada's positions in global and regional trade and investment negotiations.

Saving Lives: Access to Treatments

18: We recommend that DFAIT, in collaboration with Health Canada, the Canadian International Development Agency and other relevant agencies and departments, champion an international agreement on defined targets and timelines for provision of access to essential medicines, including antiretroviral therapy, for the treatment of HIV/AIDS, with specific attention to sub-Saharan Africa.

19: We recommend that DFAIT support the target of the World Health Organization (WHO) of three million people receiving treatment with antiretroviral therapies by 2005, and support the definition and adoption of more comprehensive, ambitious and realistic targets beyond this initial WHO target.

20: We recommend that Canada commit significant resources to the achievement of international targets for the provision of access to essential medicines; and that DFAIT advocate for this to happen.

21: We recommend that DFAIT support, and where necessary initiate, international cooperation to ensure the provision of affordable quality supplies of medicines by encouraging of regional generic production facilities, where possible; that DFAIT encourage the formation of an international consortium of generic-producing countries to scale-up production, distribution and sustainable supply, with appropriate changes in Canadian patent law to facilitate Canadian production of generics for export; and that DFAIT secure public commitments by World Trade Organization (WTO) Members at the Fifth WTO Ministerial Conference (Cancún, September 2003) that will facilitate and support this strategy.

22. We recommend that Canada support an amendment to the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that will ensure a simple and non-restrictive system for enabling countries with limited or no pharmaceutical manufacturing capacity to make effective use of compulsory licensing, including the removal of any remaining impediments in TRIPS that prevent such use; and that Canada support developing countries in their efforts to avail themselves of this solution, and oppose efforts to pressure them into not using it.

23: We recommend that DFAIT, in collaboration with other federal government departments and agencies, work with developing countries to implement ways to significantly lower the prices of antiretroviral therapies and other HIV-related drugs, including the establishment of workable laws that give full effect to compulsory licensing.

24: We recommend that a full evaluation of the implications of a more stringent intellectual property regime for the right to health and for development be undertaken on an urgent basis as part of human rights assessment of trade negotiations (see Recommendation 15).

25: We recommend that DFAIT's current policy of encouraging further implementation of intellectual property obligations by developing countries be suspended pending the human rights assessment of trade negotiations; and that the policy be amended, if appropriate, in light of the findings of that assessment.

26: We recommend that DFAIT oppose provisions such as the TRIPS-plus proposals in the Free Trade Area of the Americas negotiations, and similar provisions in any bilateral trade negotiations, that would extend intellectual property rights and limit states' policy options in balancing intellectual property protection against other policy objectives, such as protecting and promoting human rights, including the right to health. Instead, DFAIT should undertake to secure a development-friendly model for governance of intellectual property that does not mandate minimum length and scope of intellectual property protections and that increases national decision-making authority, allowing states to set public policy according to domestic considerations such as levels of development and health needs.

27: We recommend that in further development of Canadian strategies, initiatives and leadership in confronting HIV/AIDS internationally, DFAIT and collaborating departments and agencies give priority to a comprehensive approach to strengthening public health systems.

Mobilizing Resources

28: We recommend that DFAIT advocate among the industrialized nations for the adoption of an equitable contributions framework for contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

29: We recommend that, based on this equitable contributions framework, Canada significantly increase its contributions to the Global Fund; and that DFAIT advocate for such an increase. Canada's contribution to the fund should be over and above established levels of official development assistance.

30: We recommend that Canada establish and publicly announce a series of incremental targets (with timelines) that will enable it to quickly meet the goal of 0.7 percent of gross national product for official development assistance; and that DFAIT advocate for such targets.

31: We recommend that DFAIT initiate consultations with Finance Canada, Health Canada, the Canadian International Development Agency and relevant NGOs to review the impact of current World Bank and International Monetary Fund conditionalities on the ability of developing countries to mobilize resources for an effective response to HIV/AIDS.

32: We recommend that DFAIT work with the Finance Canada and the Canadian International Development Agency to encourage the rapid mainstreaming of HIV/AIDS considerations into poverty reduction strategies administered by the World Bank, utilizing such tools as the Checklist for Mainstreaming HIV/AIDS in Poverty Reduction Strategies, developed by the United Nations Population Fund.

Engaging Civil Society: Participation of People Living with HIV/AIDS, Vulnerable Groups and NGOs

33: We recommend that DFAIT, in its bilateral relations with the governments of most-seriously affected countries, encourage and support the engagement of community-based organizations, NGOs, persons living with HIV/AIDS, and vulnerable groups in the development and design of HIV/AIDS policies and programs, and in their implementation and evaluation.

34: We recommend that in multilateral fora, DFAIT champion the involvement of community-based organizations, NGOs, persons living with HIV/AIDS, and vulnerable groups in all aspects of the response to the epidemic.

35: We recommend that representatives of civil society and persons living with HIV/AIDS be included in the Canadian delegations that attend the annual United Nations General Assembly UNGASS debates.

36: We recommend that DFAIT support the Joint United Nations Programme on HIV/AIDS (UNAIDS) in its efforts to involve civil society in assessing the United Nations Secretary-General's annual progress report on the UNGASS Declaration of Commitment; and that in its bilateral relationships and in multilateral fora, DFAIT promote the involvement of civil society in critiquing the reports that individual states prepare on progress in implementing the commitments contained in the Declaration.

Specific Foreign Policy Initiatives

Human Security

37: We recommend that in its bilateral and multilateral relationships, DFAIT promote the inclusion of a comprehensive HIV/AIDS strategy for military personnel involved in all responses to conflict and emergency situations. This strategy should include:

- prevention education;
- the availability of condoms;
- health care (including HIV-related medications) for people infected with HIV/AIDS;
- more effective treatment of sexually transmitted infections;
- measures to ensure the safety of the blood supply;
- the use of sterile equipment in medical procedures; and
- HIV/AIDS, gender and human rights awareness and training.

38: We recommend that DFAIT work with Department of National Defence to ensure that a comprehensive HIV/AIDS strategy is built into all Canadian peacekeeping missions.

39: We recommend that in its bilateral and multilateral relations, and with the Department of National Defence, DFAIT promote the development and implementation of HIV prevention and education programs for communities in which peacekeepers and other military personnel serve.

40: We recommend that in its bilateral and multilateral relations, and with the Department of National Defence, DFAIT promote the involvement of armed forces personnel and the NGO sector in the development and implementation of HIV/AIDS programs and strategies for conflict and emergency situations.

41: We recommend that in its bilateral and multilateral relations, DFAIT support the implementation in all demining operations of initiatives similar to those proposed above to address HIV/AIDS in the military.

42: We recommend that DFAIT promote the inclusion of HIV/AIDS issues on the agenda of international meetings that deal with security issues, and in related reports and papers.

43: We recommend that in its bilateral and multilateral relations, DFAIT highlight the issue of sexual violence committed by military personnel in conflict situations, and promote measures to deal with the problem.

44: We recommend that DFAIT work with the Department of National Defence to evaluate the HIV/AIDS education and gender training programs for Canadian peacekeepers; and that DFAIT support the involvement of Canadian HIV/AIDS organizations in the evaluation.

45: We recommend that DFAIT ensure that any people that it sends into a country in conflict are fully briefed on HIV/AIDS issues.

Humanitarian Crises, Post-Conflict and Refugee Challenges

46: We recommend that in its bilateral and multilateral relationships, DFAIT, in cooperation with the Canadian International Development Agency (CIDA) and the Department of National Defence, promote the inclusion of HIV/AIDS awareness, prevention and care programs in post-conflict initiatives and humanitarian interventions. In post-conflict situations, these programs should target not only combatant personnel but also their families and communities, as well as victims of sexual, physical and psychological violence. Where appropriate, DFAIT, in cooperation with CIDA, should also promote and support the restoration of health systems to enable them to deal with HIV/AIDS and other threats.

47: We recommend that DFAIT advocate for and support the integration of HIV/AIDS awareness, prevention and care programs into post-conflict initiatives and humanitarian interventions in which Canada is involved as a sponsor, funder or participant.

48: We recommend that DFAIT, in cooperation with CIDA and Finance Canada, work to ensure that the United Nations operational agencies involved in post-conflict and humanitarian work have adequate resources to enable them to play an effective role in the response to HIV/AIDS.

Food Security

49: We recommend that in its bilateral and multilateral relations, DFAIT raise awareness about the impact of HIV/AIDS on food security and nutrition, and about the impact of food insecurity on people living with HIV/AIDS, and support the initiatives of multilateral agencies and NGOs to respond to these challenges.

Governance

50: We recommend that DFAIT, through its bilateral relations and its relations with African regional organizations, including the African Union and the New Partnership for Africa's Development (NEPAD) initiative, support the further development of national strategies for HIV/AIDS that address the need to sustain and strengthen the capacity of government and the public provision of services, that are based on effective community-level engagement, and that embody implementation of a human rights approach to the disease; and that DFAIT encourage the exchange and study of "best cases," and champion increased resources for the implementation of these strategies.

51: We recommend that DFAIT, in collaboration with the Canadian International Development Agency and Human Resources Development Canada, undertake an assessment of how and where Canada might most effectively reinforce public service human resource training in countries most seriously affected by HIV/AIDS illness and death among public employees.

Sharing and Promoting Best Practices

52: We recommend that in its bilateral and multilateral relations, DFAIT champion the use of harm reduction strategies to address HIV/AIDS among injection drug users.

53: We recommend that in its bilateral and multilateral relations, DFAIT identify opportunities and facilitate efforts to share Canadian best practices on HIV/AIDS with people in other countries.

Research

54: We recommend that Canada, in addition to strengthening support for Canadian HIV-related research, including through developing a national HIV vaccine plan and strengthening research into microbicides, increase its contribution to international HIV vaccine and microbicide research efforts; and that DFAIT advocate for this to happen.

55: We recommend that DFAIT, through its bilateral and multilateral relations, promote international HIV vaccine and microbicide research efforts.

56. We recommend that DFAIT, through its bilateral and multilateral relations, promote international research initiatives designed to assist efforts to scale up the provision of HIV/AIDS treatments in resource-poor settings including, in particular, research on simplified treatment regimens.

57: We recommend that DFAIT, through its bilateral and multilateral relations, promote the advocacy work of international NGOs to accelerate access to HIV vaccines, microbicides and treatments.

58: We recommend that DFAIT, through its bilateral and multilateral relations, promote the development of national plans to accelerate research and development of HIV vaccines, microbicides and treatments.

Canadian Businesses Operating Abroad

59: We recommend that DFAIT assist Canadian companies operating in Africa and in other countries to develop expertise on HIV/AIDS workplace policy and programming by:

- encouraging Canadian companies to join the Global Business Coalition on HIV/AIDS;
- encouraging Canadian companies that are seeking guidance in this area to consult business organizations with expertise on HIV/AIDS workplace issues, as well as existing publications on the development of workplace policies and programs;
- encouraging Canadian companies that are seeking guidance to approach other Canadian companies that have some experience in this area; and
- exploring with Canadian companies that have some experience in this area the possibility of setting up formal mentoring programs for companies seeking guidance.

60: We recommend that DFAIT promote with Canadian companies operating in Africa and elsewhere the adoption as a minimum standard for their HIV/AIDS workplace policies the principles and policies contained in the International Labour Organization's *ILO Code of Practice on HIV/AIDS and the World of Work;* and that DFAIT publish an annual report based on information from the companies on progress in implementing these principles and policies.

61: With respect to countries where people living with HIV/AIDS are unable to access antiretroviral therapies and other HIV-related treatments, we recommend that DFAIT encourage Canadian companies to (a) provide these medications free of charge to their employees; (b) work with the governments of these countries to find ways to make these medications accessible to people in the communities where the companies are located; and (c) work with the governments of these countries to develop national policies and programs designed to make these medications accessible to all people who need them in each country.

62: We recommend that at upcoming meetings of the United Nations Commission on Human Rights, and its sub-committees and working groups, DFAIT champion the adoption of the Draft Norms on the Responsibilities of Transnational Corporations and Other Business Enterprises with Regard to Human Rights.

SECTION 1.0
INTRODUCTION

This section explains how this paper came to be written and describes how it is organized.

Background

This paper was commissioned by the Ministerial Council on HIV/AIDS in response to a request from the Honourable Anne McLellan, Minister of Health.

In June 2003, the Minister of Health received a letter from the Honourable Bill Graham, Minister of Foreign Affairs, requesting that the Ministerial Council undertake a review of Canada's approach to HIV/AIDS on the international stage. In his letter, Mr. Graham requested that the review examine the international dimensions of HIV/AIDS in terms of both the projection of Canada internationally and the impact of the global epidemic on Canadians at home and abroad, with a particular emphasis on Africa. Mr. Graham proposed that the review identify opportunities for Canadian political leadership and advocacy in multilateral fora and in Canada's bilateral relationships in the next decade. He also requested that the review address the following specific issues:

- the interplay between HIV and food insecurity, respect for human rights, women and HIV/AIDS, governance standards and capacity in government and civil society;
- the impact of HIV on humanitarian crises, including the provision of humanitarian assistance, refugee and internally displaced populations and agricultural development;
- the impact of HIV on regional politics in west and southern Africa, including political stability and post-conflict reconstruction; and
- the economic implications for Canada and Canadian companies of growing infection rates in all countries with high rates of HIV infection.

Mr. Graham said that he would welcome recommendations on how Canada can ensure a coordinated and coherent government response to the development, health, political and security aspects of the pandemic. Mr. Graham said in his letter that the recommendations emanating from this review will help inform the work being undertaken by the Department of Foreign Affairs and International Trade (DFAIT) in preparation for the debate on HIV/AIDS scheduled to take place in the United Nations (UN) General Assembly on 22 September 2003. He added that recommendations would also inform the renewal of the Canadian Strategy on HIV/AIDS, and contribute to the follow-up work that the Government of Canada will do for its Africa Action Plan.

How this paper is organized

The **Executive Summary**, which can be found at the start of this paper, contains a brief overview of the main themes of the paper and a complete list of the recommendations.

Following this introductory section, the personal, social, economic, security and human rights impacts of HIV/AIDS globally, and particularly in Africa, are described in **Section 2.0 (The Impact of HIV/AIDS).**

Section 3.0 (Foundations) examines some core Canadian values upon which Canada's response to the global HIV/AIDS epidemic should be based. The section also outlines some of Canada's international commitments with respect to health, human rights, development and the response to HIV/AIDS.

Section 4.0 (Demonstrating Leadership) discusses the importance of political leadership in the fight against HIV/AIDS and provides examples of where strong leadership has made a difference. The section emphasizes the need for Canada to play a leading role in the global response, and discusses the desirability of DFAIT forming coalitions with like-minded countries around specific issues as one way of showing leadership. The section provides examples of multilateral fora within which Canada can influence the global response to HIV/AIDS. It also looks at two bilateral relationships of importance to Canada: those with South Africa and the United States. The section then explores what Canada can do to promote the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. Finally, the section examines the need for collaboration within Canada among the federal departments and agencies that play a significant role in the global response, and the need for DFAIT to show leadership within its own department.

Section 5.0 (Key Foreign Policy Directions) discusses the approaches that Canadian foreign policy should pursue with respect to some of the key global HIV/AIDS issues. The section examines the need for scaling up the response to HIV/AIDS, particularly with respect to resource allocation; the need to promote a human rights-based approach to the epidemic; the central importance of efforts to promote access to HIV-related treatments; and the need to support the key role in the response played by civil society, people living with HIV/AIDS and vulnerable groups.

Section 6.0 (Specific Foreign Policy Initiatives) examines additional foreign policy approaches that DFAIT should consider with respect to how it responds to HIV/AIDS. The section describes the implications of the HIV/AIDS challenge in conflict, post-conflict and humanitarian emergency situations, with particular reference to Africa and Canadian engagement in peacekeeping and related missions in areas in conflict. The section examines the implications of the impact of HIV/AIDS on governance. The section also examines the impact of HIV/AIDS on food security and governance; discusses steps that DFAIT can take to promote and share best practices in the response to HIV/AIDS; and examines the need to support international research on HIV/AIDS .

Section 7.0 (Canadian Businesses Operating Abroad) discusses the challenges of HIV/AIDS for businesses operating in countries with a high prevalence of HIV, and describes how business organizations and individual companies have responded. The section examines how corporate responsibility extends beyond purely bottom-line considerations. Finally, the section discusses the issue of providing HIV-related medications to employees living with HIV/AIDS.

Section 8.0 (Conclusion) reiterates the need for a massive scaling up of efforts to address the epidemic and discusses the need to address emerging epidemics in regions of the world outside of Africa.

The endnotes have been placed at the end of each section.

SECTION 2.0
THE IMPACT OF HIV/AIDS

This section briefly outlines the personal, social, economic, security and human rights impacts of HIV/AIDS, with a particular emphasis on Africa.

HIV/AIDS statistics are staggering. In December 2002, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that there were 42 million people living with HIV/AIDS world-wide and that 27.9 million people had died from AIDS. In 2002, according to UNAIDS estimates, there were five million new infections and 3.1 million deaths. New infections continue at an estimated rate of 14,000 a day. (At time of writing, the AIDS Clock maintained by the United Nations Population Fund showed 44,890,820 infections world-wide.[1])

The vast majority (95 percent) of people living with HIV/AIDS are in the developing world. In sub-Saharan Africa, the region most severely affected, life expectancy has been reduced dramatically – for example, in Zimbabwe by 35 years, and in Botswana and Swaziland by 28 years. Women represent 50-58 percent of HIV-positive adults in sub-Saharan Africa, North Africa and the Middle East, and the Caribbean.

The highest adult prevalence rates are in sub-Saharan Africa (8.8 percent) and the Caribbean (2.4 percent). In some countries in sub-Saharan Africa, the prevalence rates have risen higher than anyone could imagine: Botswana (38.8 percent), Lesotho (31 percent), Swaziland (33.4 percent) and Zimbabwe (33.7 percent). In most countries in Asia, the prevalence rates are still relatively low by comparison, but because of the large populations of countries such as China and India, this still translates into large numbers of infections. Eastern Europe and Central Asia face sharply escalating rates of infection.[2]

The Human Development Report 2003 noted that "China, India and the Russian Federation – all with large populations and at risk of seeing HIV infection rates soar – are of particular concern. About seven million people are infected in these countries, and in sub-Saharan Africa seven million cases exploded to 25 million in a decade. …[E]ven in a moderate scenario, by 2025 almost 200 million people could be infected in these three countries alone."[3]

Where prevalence rises above one percent, there is potential for a more generalized epidemic. A five percent rate threatens exponential growth in the general population. Twenty-four African countries have a prevalence rate greater than five percent among adults (aged 19-49).[4]

The dimensions of the cost

In high-prevalence countries, the impact of HIV/AIDS goes beyond the incredible human suffering and loss of life. For example:

- **Families and social structure:** In some southern African societies, HIV/AIDS threatens total societal collapse because it not only destroys human capital, but also weakens the mechanism through which knowledge and abilities are translated from one generation to the next. Children are left without one or more parents to love, raise and educate them. In countries like South Africa and Botswana, HIV/AIDS makes reaching the Millennium Development Goal of reducing infant mortality rates by two-thirds by 2015 virtually impossible.[5]

- **Food security:** Agricultural production and food supply become tenuous; families and communities break apart; and surviving young people cease to have a viable future. At the end of 2002, an estimated 14.4 million people were at risk of starvation in six southern African countries. The United Nations Food and Agriculture Organization estimated that seven million agricultural workers in 25 severely affected African countries have died from AIDS since 1985. It warned that 16 million more could die in the next 20 years if massive and effective programs are not mounted.[6]

- **Economic security:** HIV/AIDS threatens social and economic progress. As the Human Development Report 2003 states, "by killing and incapacitating adults in the prime of their lives, [HIV/AIDS] can throw development off course."[7] The impact on the labour force is dramatic. The United Nations Children's Fund (UNICEF) estimated that by 2010 "the South African economy will be 20 percent smaller than it would have been without HIV/AIDS. This is a total loss of about US$17 billion."[8] A World Bank study noted that an adult HIV prevalence rate of 10 per cent may reduce the growth of national income by up to a third.[9]

- **Governability and communal security:** HIV/AIDS breaks down local and national institutions that govern society and provide public confidence and a measure of predictability in daily life. It strikes hardest at those who are better off and mobile, often the educated – civil servants, teachers, health care professionals and police. It affects the ability of governments to sustain public services and day-to-day security.

- **National security:** In Africa, many military forces have infection rates as much as five times that of the civilian population, in some cases rates as high as 50 or 60 percent. HIV/AIDS has already diminished the operational efficiency of many of Africa's armed forces, thus making nations more vulnerable to both internal and external conflict.

- **International security:** HIV/AIDS contributes to international security challenges and undermines the capacity of regional and international communities to respond to and resolve conflict. An analysis by the South African Institute of Strategic Studies warns that unless the spread of HIV/AIDS among African armies is stopped, it is possible that many countries, including South Africa, will be unable to participate in peacekeeping operations.[10]

While these references are to sub-Saharan Africa, examples of similar impacts in non-African countries, such as Russia, Jamaica or Cambodia, could be cited.[11]

The HIV/AIDS crisis is also very much a human rights crisis. Indeed, all of the impacts described above have human rights dimensions. HIV/AIDS threatens virtually every civil, political, economic, social and cultural right, while undermining the ability of people to defend their rights and the ability of governments to respect, protect and promote rights. HIV/AIDS presents specific human rights challenges in areas such as stigma and discrimination, confidentiality and the right to health information, employment, and maternal and child health.

A tragedy of the magnitude of HIV/AIDS requires a response that is commensurate in size and scope.

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[1] United Nations Population Fund (hereafter UNFPA). AIDS Clock. www.unfpa.org/aids-clock/clock.htm Accessed 26 August, 2003.
[2] UNAIDS/World Health Organization. AIDS epidemic update. December 2002. (Geneva, UNAIDS/WHO, 2002).
[3] United Nations Development Programme (hereafter UNDP). Human Development Report 2003: Millennium Development Goals: A compact among nations to end human poverty. (New York and Oxford, UNDP/Oxford University Press, 2003): p. 4. The most radical upswings in infection rates in this region are in the Russian Federation, Ukraine and Latvia.
[4] Canada. House of Commons, Standing Committee on Foreign Affairs and International Trade (hereafter SCFAIT). Report of the Standing Committee on Foreign Affairs and International Trade: HIV/AIDS and the Humanitarian Catastrophe in Sub-Saharan Africa. June 2003: p. 16. Available at www.parl.gc.ca.
[5] UNFPA. "The Impact of HIV/AIDS: A Population and Development Perspective." *Population and Development Strategies.* Number 9. August. 2003: p. 9-19.
[6] International Crisis Group (hereafter ICG). HIV/AIDS as a Security Issue. (Washington/Brussels, International Crisis Group, 29 June 2001): p. 11.
[7] UNDP. Human. 2003: p. 41.
[8] SCFAIT. Report. 2003: p. 18.
[9] Bell, Clive, Shantayanan Devarajan and Hans Gersbach. The Long-Run Economic Costs of AIDS: Theory and an Application to South Africa. June 2003. World Bank research report.
[10] Pharaoh, Robyn and Martin Schonteich. Institute for Policy Studies. AIDS, Security and Governance in Southern Africa: Exploring the Impact. ISS Paper 65, January 2003. (Capetown, Institute for Security Studies, 2003): P.5. See also: Elbe, Stefan. "HIV/AIDS and the Changing Landscape of War in Africa." *International Security.* 27.2. (Fall 2002): p.166.
[11] See, for example: UNFPA. "The Impact." 2003: p 52.

SECTION 3.0
FOUNDATIONS

This section describes the Canadian values that should inform foreign policy and outlines the international health and human rights commitments to which Canada is bound. These values and commitments establish the foundations for the exercise of Canadian leadership regarding the global response to HIV/AIDS.

Projecting Canada's values

Canadians who responded to the recent invitation from the Department of Foreign Affairs and International Trade (DFAIT) to participate in its Dialogue on Foreign Policy said that the "third pillar" of Canada's foreign policy – projecting Canada's values and culture – should be "strengthened in the face of current global transformations."[1] They also said that Canada's foreign policy should embody a strong commitment to human security and human rights, including a commitment to address "underlying socio-economic, cultural, environmental and other conditions associated with serious rights violations and violent instability in some regions of the world."[2]

Canadians often cite their health system as one of the unique aspects of their proud citizenship. Canadian foreign policy in health-related areas, including the response to HIV/AIDS, should draw upon the central values that characterize Canada's approach to health care: public administration, comprehensiveness, universality, portability and accessibility. In a world that continues to be characterized by gross inequities in wealth and in access to services, while the *universal reach and comprehensive scope* of the Canadian system may be more ideal than real, they are nevertheless values that are worth affirming and pursuing.[3] *Accessibility* is an expression of the fundamental value of equity which runs through international human rights and health agreements. The principle of *public administration and non-profit provision of health services* is particularly relevant in a world where the cost of basic services and user fees often block access to those most in need of services.[4]

Canadian internationalism provides another important base for a values-centered foreign policy. Research on Canadian attitudes indicates that among significant segments of Canadian public opinion, a world or global consciousness is identifiable and is one of a number of attitudes that distinguishes Canadians from their neighbours in the United States.[5] Canadian internationalism and support for multilateral approaches to global problems was also affirmed in the Dialogue on Foreign Policy.

Canada, health and the right to health, internationally

Canada's post-war commitment to health at home and for every human being is embodied, primarily, in two closely-related families of agreements: one on human rights and the other specifically on health.

The protection and promotion of human rights has been a long-standing theme in Canadian foreign policy and a mainstay of the exercise of Canada's influence. Canada has negotiated and endorsed a number of agreements committing participating states to respect, protect and fulfill human rights, beginning with the formation of the International Labour Organization in 1919. Canada was a leading participant in developing the Universal Declaration of Human Rights (1948), which includes references to the right "to a standard of living adequate for the health and well-being" and to the right "to share in scientific advancement and its benefits."[6] The United Nations (UN) Commission on Human Rights continues to pursue the right to health in line with the Universal Declaration.

The International Covenant on Economic, Social and Cultural Rights (1976), the pre-eminent treaty dealing with the right to health, says that the states that are parties to the Covenant recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The Committee on Economic, Social and Cultural Rights pursues the right to health and has provided guidance on the interpretation and implementation of that right.[7]

There are several other human rights agreements – those regarding women and children, for example – as well as labour conventions in which Canada has committed to respect, protect and promote the right to health. Several UN human rights bodies deal with HIV/AIDS on an ongoing basis. They have adopted resolutions that invite Canadian reports on progress in implementing the right to health, and in taking action on the human rights dimensions of the HIV/AIDS epidemic; Canada has filed several such reports.[8]

Of particular relevance in developing international policy regarding HIV/AIDS is *HIV/AIDS & Human Rights: International Guidelines*, developed at a consultation convened by the Office of the High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in September 1996, and published jointly by these bodies in 1998.[9] The *International Guidelines* are intended to "assist policy makers and others in complying with international human rights standards regarding law, administrative practice and policy." In September 2002, a revised Guideline (No. 6) for dealing with access to prevention, care, treatment and support was published. This revised Guideline should directly inform actions recommended in this report, particularly those related to access to treatment (see Section 5.3 below).[10]

As a signatory to the Declaration of the Vienna World Conference on Human Rights, Canada is committed to human rights as the "first duty" of states. Human rights commitments should therefore be the keystone in the framing arch of Canadian policy on global HIV/AIDS.

One of the expressions of the commitment to the right to health is the ongoing effort to operationalize it through international agreements on public health. Canada has been involved in almost sixty years of cooperation for world health. In 1946, Canada participated in the formation of the World Health Organization, whose constitution states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."[11] Canada was a signatory of the declaration "Health for All" at the International Conference on Primary Health Care in 1978. This declaration, which remains a key reference point for health globally, states that "the existing gross inequality in the health status of the people, particularly between

developed and developing countries, as well as within countries, is politically, socially and economically unacceptable and is, therefore, of common concern to all countries."[12] The 1986 Ottawa Charter for Health Promotion includes an emphasis on equity of access and the control of people over their health and its improvement.[13]

These two families of commitments to which Canada is party are mutually reinforcing. The *International Guidelines* note that "health and human rights complement and mutually reinforce each other…in the context of HIV/AIDS."[14] Approaches to HIV/AIDS that are guided by human rights are pro-active in eradicating discriminatory practices and the fears they create, are sensitive to people likely to be disproportionately affected by incidence of the disease, and are inclusive. In short, the use of human rights standards is essential to ensure the effectiveness of public health strategies.

Detailed guidance on the application of human rights to HIV/AIDS is provided by the *International Guidelines* in such areas as non-discrimination, freedom of expression, the human rights of women and of children, the right to privacy, the right to enjoy the benefits of scientific progress, and the right to liberty of movement.

Recognition of the centrality of human rights has been affirmed repeatedly by Canada in specific multilateral human rights, health and HIV/AIDS agreements, as well as at the highest levels of the UN (see below). Detailed guidance as to the implications of these commitments is, as noted above, readily available. What is required is the full application and implementation of human rights and public health commitments in Canadian policy, in order to make that policy thoroughly human rights-based.

The Millennium Declaration, the Millennium Development Goals and other actions at the United Nations

Canada and more than 140 other countries adopted the Millennium Declaration at the United Nations on 8 September 2000. The Declaration, ultimately endorsed by 191 member states, set an ambitious agenda for peace, development and a variety of other environmental and social objectives for the new millennium.[15]

The Millennium Declaration marked a renewed commitment to reduce poverty and combat disease. The leaders committed to reducing in half by 2015 the proportion of the world's population who are extremely poor. With respect to HIV/AIDS, the leaders committed to:

- "have, by then [2015] halted, and begun to reverse, the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity;
- provide special assistance to children orphaned by HIV/AIDS; and
- help Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases."[16]

The commitments on poverty and HIV/AIDS were among eight commitments with specific targets and timelines that have become known as the Millennium Development Goals (MDGs). The MDGs have gained recognition from the World Bank and the International Monetary Fund, and have been integrated in many parts of the UN system.[17] The MDGs have given birth to a

global campaign for their realization, based in the United Nations Development Programme. The campaign engages civil society as well as governments. The goals are also supported by the Millennium Project, a research endeavour with a series of task forces, one of which focuses on major diseases and access to medicines. The task forces are mandated to report in detail on analysis, implications and recommendations for action by the end of 2004.[18]

In January 2000, for the first time in the history of the UN Security Council, a health issue – HIV/AIDS and its impact on peace and security in Africa – was taken up for debate. Canada was an elected member of the Council at the time. The Council continued to focus on the issue during the following year, examining implications for peacekeeping, military forces and human security more broadly. It adopted a resolution which committed UN member states to intensifying the fight against HIV/AIDS, and which led some countries to make specific commitments to strengthen national and regional capacity to deal with HIV/AIDS in conflict situations.[19]

The UN General Assembly recognized the urgency of dealing with HIV/AIDS by convening a Special Session (UNGASS) on HIV/AIDS in 2001, where a Declaration of Commitment on HIV/AIDS with agreed time frames for action was unanimously adopted.[20] The Declaration contained a number of commitments. To cite just one example, states committed to the reduction of HIV prevalence among young men and women aged 15 to 24 by 25 per cent in the most affected countries by 2005, and globally by 2010. The UNGASS Declaration's commitments build on the MDGs. Both series of commitments have monitoring and review processes which offer the opportunity for further diplomatic advocacy.

The United Nations once again addressed the challenge of HIV/AIDS in the Political Declaration of the World Summit on Sustainable Development (held in Johannesburg, South Africa in August-September 2002), which reaffirms the member states' pledge "to place particular focus on, and give priority attention to, the fight against the worldwide conditions that pose severe threats to the sustainable development of our people, which include: …endemic, communicable and chronic diseases, in particular HIV/AIDS, malaria and tuberculosis." [21]

The G8

Although informal in nature and not directly accountable to the broader family of nations, the G8 has in the last four years addressed HIV/AIDS and other major diseases. At the Okinawa (2000) Summit, the leaders stated their intention to build new global partnerships to reduce the disease burden for HIV, tuberculosis and malaria (as well as a series of childhood infectious diseases), by improving health systems, access to medicines and preventive measures, and by strengthening research and development of new drugs, vaccines and other tools. At the Genoa (2001) Summit the leaders appeared to step back from the Okinawa intentions, narrowing the disease focus and underlining the importance of the protection of intellectual property. On a positive note, however, that summit was the occasion for the announcement of the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the Kananaskis (2002) Summit, at which there was a strong focus on the development challenge in Africa, including the Action Plan for Africa and discussion of the New Partnership for Africa's Development (NEPAD), the leaders committed to greater preventive measures against HIV/AIDS.

The G8 Action Plan issued at the 2003 Summit in Evian, France reiterated previous commitments, including a renewed effort to mobilize resources for the Global Fund. It also emphasized the importance of strengthening health systems to increase access by the neediest populations to health care, drugs and treatment.

Additional characteristics of the Canadian approach

There are two additional values – both dealing with inclusion – that have generally, if not universally, been instrumental to Canada's approach to health and HIV/AIDS internationally. The first is the recognition of the centrality of gender as a factor in development, and in the incidence and impact of the pandemic and its relative importance in the respect, protection and fulfillment of human rights. The second is the support for the principle of participation in the development, implementation, monitoring and evaluation of policy not only of civil society organizations (NGOs and social movements), but also, in particular, of the most seriously affected groups, including those living with HIV/AIDS. These values should be integral to future Canadian policy and its implementation.

The Commission on the Future of Health Care in Canada: International implications

The Commission on the Future of Health Care in Canada, known as the Romanow Commission, sponsored a series of discussion papers and research studies which provide pertinent advice regarding globalization, trade and investment negotiations as they relate to health and health services, human rights and the governance of health systems.[22]

The Commission opened important ground by addressing the challenges of globalization to Canada's health system and Canada's role in world health. It urged Canada to "play a leadership role in international efforts to improve health and strengthen health care systems in developing countries."

The Commission also recognized that current trade and investment negotiations could undermine the principles and public character of the Canadian health system. It urged the government to "take clear and immediate steps to protect Canada's health care system from possible challenges under international law and trade agreements and to build alliances within the international community." [23]

Recommendation:

1: We recommend that Canada make a clear commitment to base its comprehensive response to HIV/AIDS internationally on human rights principles and norms as embodied in international instruments.

[1] Canada. Department of Foreign Affairs and International Trade (hereafter DFAIT). A Dialogue on Foreign Policy: Report to Canadians (Ottawa, DFAIT, 2003): p. 6.
[2] DFAIT. A Dialogue. 2003: p. 7.

[3] Canada, as a party to the UN Covenant on Economic, Social and Cultural Rights, is committed to the universal and "progressive realization" of the human right to health, which internationalizes this value.
[4] For an examination of the role of user fees, see UNDP. Human. 2003: p. 117.
[5] A key element in the Dialogue on Foreign Policy, this international orientation is also documented by research by Adams, Michael. Fire and Ice, The United States, Canada and the Myth of Converging Values. (Toronto, Penguin Canada, 2003): p. 132.
[6] "Universal Declaration of Human Rights, Article 25" in Steiner, Henry J. and Philip Alston, eds. International Human Rights in Context. Law, politics, morals. Texts and Materials. (Oxford, Clarendon Press, 1996). The promotion of health is also stated in Article 55 of the UN Charter.
[7] "International Covenant on Economic, Social and Cultural Rights" in Steiner. International. 1996: p. 1178. To guide countries and citizens in their interpretation of the obligations regarding health, embodied in the Covenant, in 2002 the UN Committee on Economic, Social and Cultural Rights issued General Comment No. 14, which details the implications of the right to health. The Comment can be found at www.unhchr.ch, symbol E/C.12/2000/4.
[8] Canada not only has voted for relevant resolutions during its terms as a member of the Commission on Human Rights, but has also frequently taken part in drafting groups developing the texts of the resolutions. Canada has also assumed several specific human rights reporting obligations regarding HIV/AIDS.
[9] United Nations. Office of the High Commissioner for Human Rights, Joint United Nations Programme on HIV/AIDS (hereafter OHCHR and UNAIDS). HIV/AIDS and Human Rights: International Guidelines. HR/PUB/98/1. (New York and Geneva, 1998). www.unaids.org/publications/documents/human/law/hright2e.pdf. Accessed 20 August 2003.
[10] United Nations. OHCHR and UNAIDS. HIV/AIDS and Human Rights : International Guidelines – Revised Guideline 6: Access to prevention, treatment, care and support. (New York and Geneva, 2003). www.unaids.org/publications/documents/care/general/JC905-Guideline6_en.pdf. Accessed August 20, 2003.
[11] World Health Organization (hereafter WHO). "About WHO." www.who.int/about/en/. Accessed 4 August 2003.
[12] WHO. Declaration of Alma-Ata, International Conference on Primary Health Care. Alma-Ata, USSR, 6-12 September 1978. www.who.int/hpr/archive/docs/almaata.html. Accessed 6 August 6 2003.
[13] WHO. Ottawa Charter for Health Promotion. First International Conference on Health Promotion. Ottawa, 21 November 1986. www.who.int/hpr/archive/docs/ottawa.html. Accessed 6 August 2003.
[14] United Nations. OHCHR and UNAIDS.HIV/AIDS. 1998: p.42.
[15] United Nations, General Assembly. 55/2. United Nations Millennium Declaration. www.un.org/millennium/declaration/ares552e.htm. Accessed 5 August 2003.
[16] United Nations. General Assembly. Millennium Declaration.
[17] World Federation of United Nations Associations (hereafter WFUNA). We the Peoples…2003. (New York, WFUNA, September 2003).
[18] See for example: Irwin, Alec and Eva Omgaka. Background Paper of the Task Force on Major Diseases and Access to Medicine. Subgroup on Access to Medicines. Millennium Project. 18 April 2003.
[19] Pharaoh. AIDS. January 2003; and Africa Resource Center. "UN Body Discusses Epidemic for Fourth Time in a Year." (Africa Resource Centre, New York, 19 January, 2001). www.africanresource.com/health/hiv/Show_Article.php?ID=2. Accessed 5 August 2003.
[20] United Nations, General Assembly. Special Session on HIV/AIDS. Declaration of Commitment on HIV/AIDS (hereafter UNGASS). 25-27 June 2001. (New York and Geneva, UN Department of Public Information and UNAIDS, 2001).
[21] United Nations. Report of the World Summit on Sustainable Development. A/Conf.199/20* (New York, United Nations, 2002) The plan of action accompanying the Declaration includes detailed commitments to implement the commitments made at UNGASS. (See section 55 of the Plan of Implementation).
[22] A full index of the papers and studies can be found at www.hc-sc.gc.ca/english/care/romanow/hcc0407.html.
[23] Commission on the Future of Health Care in Canada. Building on Values: The Future of Health Care in Canada – Final Report. November, 2002 (Ottawa, Commission on the Future of Health Care in Canada. 2002).

SECTION 4.0
DEMONSTRATING LEADERSHIP

This section discusses the importance of leadership and explores how Canada can play a leading role in the global response to HIV/AIDS. It provides examples of multilateral fora within which Canada can have influence, and examines two bilateral relationships of importance: those with South Africa and the United States. The section explores what Canada can do to promote the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. The section then examines the need for collaboration within Canada among the federal departments and agencies that play a significant role in the global response. Finally, the section outlines how DFAIT can demonstrate leadership within its own department.

> **The HIV/AIDS pandemic desperately needs a voice among industrial nations, and...Canada is uniquely positioned to be that voice. [We call] on the government to make a substantial and public commitment to the political and moral leadership role needed to fight the HIV/AIDS pandemic in sub-Saharan Africa.**
>
> *– HIV/AIDS and the Humanitarian Catastrophe in Sub-Saharan Africa*[1]

> **Canadians emphasize that they expect leadership from the Government in defining clear policies and in ensuring adequate capacities and coordination to support these policies.**
>
> *– A Dialogue on Foreign Policy: Report to Canadians*[2]

Effective leadership in response to HIV/AIDS in Africa and globally requires dealing with four obstacles in particular:

- the lack of access to affordable treatment for the mass of people affected by HIV/AIDS;
- inadequate support for health systems which are instrumental in the prevention, care and sustainable treatment of HIV/AIDS;
- continuing and, in many cases, worsening poverty, persistent discrimination against women and girls and other socio-economic determinants of vulnerability; and
- inadequate resources for responding to the pandemic.

These continue to be obstacles because of lack of political will. Canada can play a decisive role in leadership to concentrate political will on the challenge, while contributing to solutions to these obstacles.

Potential for achievement: saving and extending lives

There is clear evidence with respect to HIV/AIDS that coherent action can save lives, dramatically lower new infection rates and even lead to long-term reductions in health costs as well as other costs. Coherent action requires leadership. Leadership is being demonstrated on the world stage, as the following examples attest:

- **Brazil** accounts for one-third of the people living with HIV/AIDS in developing countries who receive satisfactory treatment.[3] The Brazilian program provides

antiretroviral treatment for about 125,000 people. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has said that "the success of the Brazilian programme is due to investment in prevention campaigns (among young people and sex professionals, in particular); the production of generic antiretroviral drugs and also the mobilization of civilians in pressuring the government to adopt new policies, as well as working with the public sector."[4] Brazil has also proven that investing in treatment not only saves lives, but reduces costs to the health system over time. According to a Brazilian impact study, the per patient costs of treatment in 2001 were 50 percent lower than in 1997, due in part to the reduction in price of generic products and negotiated reductions in imported drug prices. The study also found that an estimated 358,000 hospital admissions were avoided in the period 1997-2001, representing a saving of $US 1 billion.[5] A further study demonstrated that universal free access to triple antiretroviral treatment in a developing country like Brazil can produce benefits on the same scale as in richer countries.[6]

- In **Uganda**, HIV prevalence among pregnant women in major urban antenatal clinics shot up to 31 percent in the 1980s. As a result of concerted action by the government and by others, rates have now been reduced by more than half. Among teenage mothers, they fell from 28 percent in 1991 to six percent in 1998. Prevalence in the general adult population has declined from 14 percent a decade ago to eight percent in 2000.

- In **Thailand**, an explosive rise in seroprevalence among injecting drug users, female sex workers, pregnant women and men attending STD clinics was identified in the 1980s. Aggressive government action, including STD treatment, condom use and a national campaign has checked the epidemic, keeping HIV seroprevalence rates among pregnant women and blood donors below three and two percent respectively. Spending by the government and by donors jumped from US$684,000 in 1987 to US$10 million in 1991. Government spending alone on HIV/AIDS programs was US$82 million in 1997.

This is not to suggest that these countries have a perfect record in terms of their responses to HIV/AIDS. On the contrary, authorities in both Uganda and Thailand have been criticized for their human rights records, both with respect to HIV/AIDS and more generally.

As a wealthy country with a history of internationalism, Canada is well positioned to play a leading role in the global response to HIV/AIDS. DFAIT, in cooperation with other relevant federal government departments and agencies, can begin the process of establishing Canada's political and moral leadership by championing a significantly increased level of material and political support from industrialized nations for the response to HIV/AIDS. To this end, DFAIT should develop a comprehensive HIV/AIDS strategy, and should involve other HIV/AIDS stakeholders, including the NGO sector, in the elaboration of this strategy.

Because of its size and relative wealth, South Africa is a leader on the African continent. In the courts and on the streets of South Africa, a tremendous battle is being fought to convince the national government to adopt a plan for the provision of antiretroviral therapies and other HIV-related medications to people living with HIV/AIDS. The government has been slow to respond and has offered up a number of excuses for not proceeding. It even maintained for several years that HIV does not cause AIDS, despite irrefutable scientific evidence to the contrary. There were

opportunities during this struggle for Canada, through its bilateral relationship and through the Commonwealth, to communicate to the Government of South Africa the importance of developing a national HIV treatment plan. Only recently, after considerable pressure, the government committed to developing and implementing such a plan. However, it is already threatening to backtrack on this commitment, citing budgetary and other difficulties. Now, more than ever, Canada needs to lend its voice to efforts to convince the Government of South Africa to follow through on its commitments. Attention to this particular bilateral relationship could be crucial because South Africa is currently the country with the single largest number of people living with HIV/AIDS, and because its role on the continent it such that the policy directions it takes have an influence elsewhere in sub-Saharan Africa.

Working through coalitions: the Canadian way

Canada's foreign policy has broken new ground through the formation of groups of like-minded countries, coalitions of the committed. The creation of the International Criminal Court and the campaign to ban land mines are two examples of where Canada has successfully adopted this approach. Given the scale of the global response required to address HIV/AIDS, it makes sense for Canada to work with other countries to shape particular elements of that response.

Coalitions of countries are required to scale up the global response to HIV/AIDS and to break some particular log-jams, such as the failure to eliminate barriers to providing access to affordable medicines, and the failure to commit adequate funds to the global response in general, and the Global Fund in particular.

Canada could seek to form a "leadership coalition" which could take action on a series of inter-related issues. Alternatively, Canada might take the lead in building different coalitions depending on the issue – coalitions, for example, with sister donor countries (e.g., Norway); with countries that have had path-breaking positive experiences (e.g., Brazil, Senegal, Uganda); with countries that have been successful in providing affordable generic drugs (e.g., Brazil); and with the countries most seriously affected (e.g., virtually any southern African country).

Where Canada can have an influence

Canada can influence the global response to HIV/AIDS through its bilateral relationships and through multilateral fora. The multilateral avenues through which Canadian policy can be brought to bear include:

- The **United Nations (UN),** which continues to play a vital role in setting global policy. The General Assembly, through its Special Session (UNGASS) on HIV/AIDS and regular agenda items; the Security Council; the Economic and Social Council and a number of subsidiary bodies; the follow-up mechanisms for UN conferences (such as Population and Development [Cairo], Women [Beijing], Social Development [Copenhagen], Financing for Development [Monterrey] and Sustainable Development [Rio de Janeiro and Johannesburg]) – are all engaged to some extent in responding to the HIV/AIDS challenge. Not least of these policy-setting fora was the Millennium General

Assembly and the resulting Millennium Declaration, from which the Millennium Development Goals (MDGs) derived.

- The High-Level Session on **Financing for Development** of the UN General Assembly (October 28-30, 2003), which can be utilized to highlight the development challenge of HIV/AIDS as a cross-cutting issue, to ensure that evidence of the impact of HIV/AIDS is thoroughly integrated in UN economic and development reporting and analysis, and that the challenge is adequately addressed in further plans of action. Events organized to discuss follow-up to other UN Conferences as well as to the review of the Millennium Declaration in 2005 may offer similar opportunities.

- **Key UN agencies** – UNAIDS, the World Health Organization, the United Nations Development Programme, the United Nations Children's Fund, the United Nations Development Fund for Women, the United Nations Population Fund – which all offer opportunities for Canadian contribution and leadership. They have capacity for sector-specific policy development and are experienced multilateral funding channels.

- The Bretton Woods Institutions – the **World Bank** and the International Monetary Fund (**IMF)** – which play decisive roles. The Bank has considerable influence on developing countries, as a leading funder and holder of debt, in the field of health and development in general; and has an important, and on occasion, negative influence on national policy in debtor governments. The **IMF** is also instrumental, in terms of the impact of its policies and its influence on national budgetary and monetary policy, and on shaping the response of the governments of developing countries to HIV/AIDS and health systems challenges.

- The **World Trade Organization**, which has had a powerful influence on the nature and speed of the response to HIV/AIDS, particularly in the area of access to treatment. It has significant impact on health and HIV/AIDS through the implications of existing agreements, and through current negotiations in such fields as intellectual property, services, investment and government procurement.

- The **Commonwealth** and **La Francophonie,** which are useful meeting places for representatives of many of the most seriously affected countries in Africa, the Caribbean and Asia. For example, the Commonwealth Finance Ministers' Meetings, and the Heads of Government Meetings (CHOGM), including the upcoming CHOGM in Abuja, Nigeria in December 2003, offer the opportunity, on the one hand, to influence ministers attending the annual meetings of the World Bank and the IMF and, on the other, to coalesce with governments at the highest level.[7] The Abuja meeting, in particular, could be an excellent opportunity for reinforcing joint commitments and increased resources for the effort against HIV/AIDS and for announcing Canadian initiatives.

- The **G8,** which has already raised expectations concerning the priority of dealing with HIV/AIDS and concerning funding for AIDS and other major diseases. Relations with Africa, the New Partnership for Africa's Development (NEPAD), and the G8's own Plan of Action regarding Africa offer windows for engagement and the exercise of leadership.

While the G8 is a less formal, and accountable, body than the others mentioned above, it can set the tone on key issues, and it provides occasions for informal bilateral influence at the highest levels.

Regional associations and initiatives are also important fora. In the case of Africa, the African Union and the NEPAD development initiative have both received significant attention from Canada. This attention must be sustained and developed.

Of Canada's many bilateral relationships, the one with its closest neighbour must be given close consideration. Because of its size, wealth and influence, the United States (US) has played and must continue to play an important role in the global response to HIV/AIDS. The US can be an agent for positive change though, regrettably, it does not always fulfill this role. For a number of reasons, including the fact that the two countries share a common border, Canada has had a special relationship with the US and is thus well-placed to influence its policies with respect to HIV/AIDS. Canada can support progressive US policies – such as the recent decision to increase funding for HIV/AIDS for a number of (mostly African) countries and for the Global Fund to Fight AIDS, Tuberculosis and Malaria – while proposing and implementing alternative policies in areas where our respective policies may differ – such as reproductive rights, public delivery of health services, condom use, and needle exchanges and other harm reduction programs. By exercising its full share of responsibility in resource provision, Canada may be able to encourage or trigger greater proportionality by the US. Further, by clearly articulating an overall policy orientation in fundamental human rights terms, Canada would be encouraging the US to do the same.

UNGASS

One of the most important mechanisms for responding to HIV/AIDS globally is the implementation of the UNGASS Declaration of Commitment on HIV/AIDS.

The majority of the commitments in the Declaration of Commitment are domestic, and DFAIT can play a role in encouraging other countries to live up to these commitments. Some of the commitments, however, are international in nature. DFAIT should consult with relevant stakeholders in Canada to identify actions that Canada can take to support the international commitments.

There are concerns in the international NGO community about how the implementation of the commitments in the Declaration will be monitored, at both the national and global levels. UNAIDS is trying to promote the involvement of civil society in critiquing the annual UNGASS progress report prepared by the UN Secretary-General. DFAIT should support the UNAIDS efforts.

Finally, when the Declaration of Commitment on HIV/AIDS was negotiated, there was considerable discussion about whether certain vulnerable groups should be listed. Canada championed the inclusion of men who have sex with men, sex trade workers, injection drug users and indigenous peoples. Canada articulated the fundamental importance of recognizing, respecting and protecting the human rights of these groups as part of the response to HIV/AIDS.

Unfortunately, compromises had to be made to secure agreement on the entire text of the Declaration of Commitment. As a result, these four vulnerable groups were not included. To counter this omission, DFAIT, in its bilateral and multilateral relations, should advocate for national strategies that address the needs of men who have sex with men, sex trade workers, injection drug users and indigenous peoples.

Leadership within Canada

Participants in the recent Dialogue on Foreign Policy recommended "improved policy coherence among the many departments and agencies that support Canada's affairs abroad."[8] They also encouraged cultivation of partnerships with other levels of government and with civil society organizations. Participants said that "more coordination of these multiple instruments is seen as integral to strengthening Canada's ability to speak with a unified voice and carry weight internationally."[9]

If Canada is to exercise leadership in global affairs, an increased measure of coordination and coherence within the federal government is required. This emphasis on policy coherence has been cited by the Canadian International Development Agency (CIDA), in its publication *Canada Making a Difference in the World: A policy statement on strengthening aid effectiveness,*[10] and elsewhere. As CIDA points out, it is also "widely supported within the OECD [Organization for Economic Cooperation and Development], the G-8, the World Bank, the IMF and the UN system."[11] In its Development Co-operation Review: Canada (2003), the Development Assistance Committee (DAC) of the OECD devoted a full chapter to the issue of policy coherence for development. The DAC commented positively on two decisions by Canada – to grant free market access to the least developed countries, and to untie some official development assistance – saying that these decisions indicated a "turnaround" in Canadian policies, "requiring political leadership from the top." Citing increased evidence of Cabinet coordination in development policy as well as working level communication between departments (and a "strong interdepartmental culture"), the DAC suggested that a more structured approach "needs to be taken further as some of the complex development-related issues in today's world require a more systematic and forward-looking approach and more active monitoring of relevant domestic policies."[12]

Prime Minister Jean Chrétien spoke of the need for policy coherence in the context of development challenges in his address to the Monterrey International Conference on Financing for Development (2002). The Minister of International Cooperation, the Honourable Susan Whelan, met with representatives of Canadian NGOs at Monterrey, and agreed to undertake a process of inter-departmental consultation, with the aim of developing an inter-departmental process of dialogue with NGOs on cross-cutting development issues, including HIV/AIDS. The first such dialogue is scheduled for mid-October 2003.

The need to develop and support international leadership for Canada in confronting HIV/AIDS is precisely the sort of complex development issue that requires a coherent inter-departmental approach. The Minister of Foreign Affairs, in his request for this study, engaged sister departments. Coherent and effective implementation of the recommendations in this study must involve the collaboration of DFAIT, Health Canada, the Department of Finance, CIDA, and

potentially other departments and agencies, as well as the Office of the Prime Minister. Such an approach should also be characterized by collaboration with NGOs in Canada and with governments and civil society organizations abroad. This collaboration would be timely given that the Canadian Strategy on HIV/AIDS, which contains a global component, is in the process of being renewed.

Leadership within government employ

For DFAIT, an integral part of a coherent policy is the application of principles that it supports to the day-to-day operations of the Department. The Treasury Board has an HIV/AIDS human resources policy that covers all employees of the federal government. At this time, it does not mention HIV treatment. In line with the overall objectives of policy on HIV/AIDS, and in support of coherence and credibility, DFAIT, CIDA and other government departments with personnel abroad and with locally-engaged staff need to be covered and supported by up-to-date personnel policies on HIV/AIDS.

A number of governments, including the United Kingdom (UK) and the Netherlands, have policies, governing their foreign and/or their development agencies that deal with the supports provided for HIV positive locally engaged staff and their HIV positive dependants. A number of other governments have policies in development. Several non-governmental development agencies have developed policies as well.

These workplace policies address HIV/AIDS specific issues including discrimination, confidentiality and survivor benefits, and cover all workplaces (at home or abroad) of the agencies involved. The UK government, through its Department for International Development and its Foreign and Commonwealth Office, covers the costs of treatment for HIV positive locally engaged staff and their HIV positive partners.

A reasonable foundation for comprehensive workplace policies is found in the *ILO Code of Practice on HIV/AIDS and the World of Work*,[13] which deals with such issues as gender equality, screening and continuing the employment relationship. (See also Section 7.0 [Canadian Businesses Operating Abroad].)

DFAIT should adopt a comprehensive HIV/AIDS workplace policy for all of its staff abroad based, at a minimum, on the ILO Code. DFAIT should also cover the costs of HIV-related treatments for HIV positive locally engaged staff, their partners and dependents.

Recommendations:

2: We recommend that DFAIT, in cooperation with other relevant federal government departments and agencies, take the necessary steps to establish Canada's political and moral leadership in the global response to HIV/AIDS by championing a significantly increased level of material and political support from industrialized nations.

3: To this end, we recommend that DFAIT develop a comprehensive HIV/AIDS strategy, and that DFAIT involve other HIV/AIDS stakeholders, including the NGO sector, in the elaboration of this strategy.

4: We recommend that DFAIT develop coalitions of like-minded governments to implement specific aspects of its HIV/AIDS strategy.

5: We recommend that the Canadian Government ensure effective interdepartmental collaboration on Canada's global response to HIV/AIDS, involving all federal departments and agencies that are significantly involved in the global response; and that DFAIT work with these departments and agencies to develop the structures that would support this collaboration.

6: We recommend that DFAIT work with other relevant departments and agencies to ensure that there is an advisory body, made up of people with expertise in global HIV/AIDS issues from various sectors, including the NGO and development sectors, to provide advice to these departments and agencies on Canada's global response.

7: We recommend that in its bilateral relationship with the United States, DFAIT support United States policies in response to the HIV/AIDS pandemic that are guided by, and consistent with, international human rights norms and principles, while actively promoting alternative policies in areas where the approaches of the two countries differ.

8: We recommend that DFAIT, in its bilateral relationships, encourage other countries to honour the commitments they made in the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS; and that in multilateral fora, DFAIT promote the Declaration of Commitment on HIV/AIDS.

9: We recommend that DFAIT enter into discussions with relevant stakeholders in Canada, such as Health Canada, the Canadian International Development Agency and NGOs working on global AIDS issues, to review the international commitments containing in the Declaration of Commitment, and to identify actions that DFAIT can take in support of these commitments.

10: We recommend that in multilateral fora and in its bilateral relationships, DFAIT promote the need for national HIV/AIDS strategies to include programs for men who have sex with men, sex trade workers, injection drug users and indigenous peoples.

11: We recommend that DFAIT adopt a comprehensive HIV/AIDS workplace policy for all of its offices abroad, embodying, at a minimum, the principles and policies established in the *ILO Code of Practice on HIV/AIDS and the World of Work;* and that its workplace policy cover locally engaged staff as well as employees of the Government of Canada.

12: While it is ultimately the responsibility of government to provide treatments for people living with HIV/AIDS , we recommend that until such time as governments are able to provide treatment, DFAIT should demonstrate strong leadership by covering the costs of treatments to HIV positive locally engaged staff, their partners and dependents.

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[1] SCFAIT. Report. 2003.
[2] DFAIT. A Dialogue. 2003: p. 20.
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[4] Ibid.
[5] Teixeira, Paulo et al. The impact of antiretroviral therapy in Brazil (1996-2001). International AIDS Conference 2002. 7-12 July 2002. Abstract No. MoOrB1098. International AIDS Society. www.aegis.com/conferences/14wac/MoOrB1098.html. Accessed 13 August 2003.
[6] Marins, J.R.P. et al. "Dramatic improvement in Survival Among Adult Brazilian AIDS Patients". *AIDS 2003;*17 (11): 1675-1682.
[7] See, for example: The recommendations to the Commonwealth Finance Ministers with regard to HIV/AIDS in the Commonwealth Civil Society Statement on Financing for Development. Prepared for the Commonwealth Finance Ministers Meeting. 24-26 September 2002. (London, The Commonwealth Foundation, 2002).
[8] DFAIT. A Dialogue. 2003: p. 20.
[9] Ibid: p. 20.
[10] Canada. Canadian International Development Agency (hereafter CIDA). Canada Making a Difference in the World: A policy statement on strengthening aid effectiveness. (Ottawa, CIDA, September, 2002): p.12/22. www.acdi-cida.gc.ca/. Accessed 13 August 2003.
[11] Weston, Ann and Daniel Pierre-Antoine. Poverty and Policy Coherence: A Case Study of Canada's Relations with Developing Countries. (Ottawa, The North-South Institute, February 2003): p.3.
[12] Organization for Economic Cooperation and Development (hereafter OECD). Development Assistance Committee (hereafter DAC). Development Co-operation Review: Canada (2003). (Paris, OECD, 2003): p. 15.
[13] International Labour Organization (hereafter ILO). The ILO Code of Practice on HIV/AIDS and the World of Work. Available on the ILO website via www.ilo.org/public/english/protection/trav/aids/code/codemain.htm Accessed 23 August 2003

SECTION 5.0
KEY FOREIGN POLICY DIRECTIONS

This section discusses the approaches that Canadian foreign policy should pursue with respect to some of the key global HIV/AIDS issues. It examines the need for scaling up the response to HIV/AIDS, particularly with respect to resource allocation; the need to promote a human rights-based approach to the epidemic; the central importance of efforts to promote access to HIV-related treatments; and the need to the support key role in the response played by civil society, people living with HIV/AIDS and vulnerable groups.

5.1 Scaling Up Canada's Response

> **As the world marks the twentieth anniversary of AIDS, it is time for the international community to go on a wartime footing in the fight against HIV/AIDS. In the face of the Y2K virus...at least US$200 billion was raised... And to contain and turn back Serbia's hold on Kosovo, more that US$46 billion was invested… AIDS is no less a global threat and the international community is paying an increasingly heavy price for failing to respond accordingly.**
>
> – International Crisis Group[1]

> **Today we need a new "Marshall Plan" to scale up national responses in poor countries. Developed countries…finally need to assume their responsibility in changing this dramatic situation.**
>
> – Paulo R. Teixeira, Marco Antonio Vitoria, Johney Barcarolo[2]

As indicated above at the end of Section 2.0 (The Impact of HIV/AIDS), a tragedy of the magnitude of HIV/AIDS requires a response that is commensurate in size and scope. The response to date has not been commensurate. The fundamental international development objectives, to which Canada is committed, such as the Millennium Declaration and Millennium Development Goals, the Johannesburg Declaration and Programme of Action, and the New Partnership for Africa's Development, will not be met unless the challenge of HIV/AIDS is adequately confronted. The goals contained in the UNGASS Declaration of Commitment on HIV/AIDS will not be achieved without a massive scaling up of the response.

The capacity exists to apply resources on the scale required. The estimated resources required for an effective response to HIV/AIDS in Africa are small when compared to the costs in 2003 alone of the war and post-war occupation in Iraq or current global expenditures on cosmetics.[3]

Many governments are reinforcing commitments to scaled-up efforts, particularly in the most-affected areas. The Maputo Declaration of the African Union (July 2003) takes a comprehensive approach, committing the participating governments and seeking significant international support. Forty African countries have completed national strategic AIDS plans.[4] New initiatives from developed countries, including the pledge of US$15 billion over five years from the United States (US) Administration, and new partnerships, like the Brazil-US joint initiative against HIV/AIDS in Portuguese-speaking Africa, are breaking new ground.[5]

But the response is not yet full scale. For example:

- **Full scale responses to the epidemic need full scale resources.** Despite recent increases in pledges and funding, commitments are only one-half of what is needed by 2005.[6]
- **Moving to scale in treatment requires multiplying effort and investment**. Despite new commitments to providing access to treatment, out of an estimated 30 million HIV-positive people in Africa only 27,000-50,000 benefit from antiretroviral treatment.[7]
- **Stopping the spread of infection requires investment in basic public health services.** An estimated 29 million infections could be prevented this decade with an investment of US$10 billion,[8] yet in many countries and regions the majority of residents do not have easy access to the most basic of health services and treatments, essential for prevention, care or survival.[9]

For responses to be brought to scale, leadership, particularly among donor countries, is urgently required. For Canada, scaling up means providing more resources, sharing best practices, and taking a leadership role in addressing global HIV/AIDS issues. It means giving HIV/AIDS a much higher profile than it currently has in the Department of Foreign Affairs and International Trade (DFAIT) and in the other federal departments and agencies that are involved in global issues. It means greater coordination of the activities of these departments and agencies. It means developing and executing HIV/AIDS-specific strategies. Elsewhere in this paper, we have included recommendations concerning many of these strategies.

In order for DFAIT to fulfill its role with respect to the global response to the epidemic, HIV/AIDS needs to be mainstreamed throughout the department. HIV/AIDS activities need to be included in the workplans of all of the work units of DFAIT, not just in the HIV/AIDS Unit. As well, two work units should be strengthened. First, more resources should be allocated to the HIV/AIDS Unit, and it should be mandated to play a coordinating role within the department. Second, more resources should be allocated to the Human Rights, Humanitarian Affairs and International Women's Equality Division to allow it to address the human rights dimensions of HIV/AIDS and health. Linkage between these units and those engaged in trade and investment negotiations, pursuant to an overall right-based strategy, should be ensured. Finally, training programs on global HIV/AIDS issues, including the human rights dimensions, should be designed and widely delivered throughout the department.

Recommendations:

13: We recommend that DFAIT work with other governments, international agencies and NGOs to champion the development of an international strategy and action plan to massively scale up support to save and extend lives, reinforce health systems and halt and reverse the spread of HIV/AIDS in Africa, and use its experience in this initiative to inform actions in other regions confronting the epidemic.

14: We recommend that the DFAIT develop and implement a plan for mainstreaming HIV/AIDS in its operations, and that DFAIT seek advice on the development of this plan from Canadian non-governmental organizations with experience in the area. The plan should:

- **include measures to integrate HIV/AIDS into the work of all work units of DFAIT, including the foreign embassies, high commissions and consulates;**
- **call for the inclusion of HIV/AIDS activities in the workplans of all work units;**
- **increase the resources allocated to the HIV/AIDS Unit in DFAIT, and provide it with a mandate to play a coordinating role within the department;**
- **increase the resources allocated to the Human Rights, Humanitarian affairs and International Women's Equality Division in DFAIT, to enable it to respond to the human rights dimensions of HIV/AIDS and health;**
- **include measures to ensure effective linkage between HIV/AIDS, human rights and trade units, within a human rights-based policy framework; and**
- **include the development of training programs on global HIV/AIDS issues, and the human rights dimensions of HIV/AIDS, and the delivery of this training widely throughout DFAIT.**

5.2 Promoting Human Rights

> **The AIDS paradox teaches that the most effective way of preventing the spread of the virus responsible for AIDS is by protecting the human rights of those most at risk.**
>
> – Justice Michael Kirby[10]

As noted in Section 3.0 (Foundations), in Canada's domestic and international response to HIV/AIDS the supreme principle guiding policy should be human rights, with a focus on the human right to health. This flows from the "the fundamental principle that international human rights law, including the right to health, should be consistently and coherently applied across all relevant national and international policy-making processes," as embodied in the Vienna Declaration and Programme of Action (1993).[11] To this end, the International Guidelines on HIV/AIDS and Human Rights and more broadly the General Comment No. 14 of the Committee on Economic, Social and Cultural Rights offer highly relevant guidance.

The strategic importance of human rights to the response to HIV/AIDS has several dimensions. For one thing, a human rights-based approach supports sound public health practices. For another, principles of equity (including gender- and age-specific guarantees) and non-discrimination provide frameworks that assist the evaluation of the adequacy of responses to specific groups at risk, as well as access to services. Furthermore, as Justice Kirby points out, "given the absence of effective vaccines…the only means of reducing the spread of the epidemic is by sharing of information and …behaviour modification in those principally at risk."[12] This requires paying particular attention to the rights of groups who engage in high-risk activities.

The economic, social and cultural rights of people are closely connected with the principal social determinants of health, including such essentials as nutritious food, clean water and housing. Further, an economic, social and cultural rights framework provides guarantees that protect the right to health, and that should inform policy more broadly. Guidance in this regard is provided in the Maastricht Guidelines on Violations of Economic, Social and Cultural Rights.[13] These guidelines note that violations of rights agreed to in the International Covenant on Economic, Social and Cultural Rights occur, for example, when states fail:

- to take into account their international obligations under the covenant when they enter into bilateral or multilateral agreements with other states, international organizations or corporations;
- to exercise due diligence in controlling the actions of third-parties – including multinational corporations – over which they exercise jurisdiction; or
- to use their influence to ensure that violations do not result from the programs or policies of international organizations of which they are members.

In concrete terms, the tendency to give legal priority to trade and investment commitments – by stating that other agreements must be compatible with them, by applying such measures as "necessity tests," by requiring that regulations applied in a given field be the least trade-negative in impact, or by requiring that evaluations thereof are made by trade bodies where commercial criteria are pre-eminent – should be resisted. Coherence with and compliance with the right to

health should be the primary criteria, and evaluatory decisions should be made by domestic or international bodies responsible for human rights.

The importance of enforcing human rights obligations in the context of trade and investment agreements has been recognized by the Parliamentary Standing Committee on Foreign Affairs and International Trade. In a report released in June 2001, the Committee requested that the federal government study the question and report by April 2002.[14] In its initial reply, the government said that it was committed to a "balanced and coherent political, economic and social agenda," and agreed to study and report on the issue. However, no report has yet been issued.

Human rights principles should inform and guide Canada's trade and investment negotiations. A number of informative reports have been made to the United Nations Commission for Human Rights[15] regarding the human rights implications of trade agreements. In one of her reports to the Commission, the High Commissioner "stresses[d] the need to make commitments on the basis of sound empirical evidence," and encouraged "states to undertake public, independent and transparent human rights assessments of the impact" of trade policies and "progressive liberalization" under various World Trade Organization processes.[16]

The development of a governmental position that is based on, and that recognizes, the primacy of human rights obligations has long been recommended by a number of Canadian human rights and non-governmental organizations. As a useful first step towards this end, DFAIT should review current trade and investment agreements, and negotiating positions in play, with regard to their human rights compatibility in general, and their possible impact on the government's policy objectives regarding HIV/AIDS.

DFAIT recently announced a process for undertaking environmental assessments of trade negotiations. The process involves the development of a framework, close collaboration with other relevant departments and agencies, and a three-phase assessment process involving public consultation and comment. A similar process should be used to assess the human rights implications of trade negotiations. The range of impacts of trade agreements –including the General Agreement on Trade in Services, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and the Free Trade Area of the Americas (FTAA), and the increasingly numerous bilateral trade and investment accords – on human rights in general, and on the right to health and various dimensions of HIV/AIDS in particular, make such a process an urgent necessity.

In order to ensure that the development of international policy regarding human rights and HIV/AIDS goes hand in hand with domestic policy in this regard, it may be useful for DFAIT to establish links with the expertise and experience of Canada's federal and provincial statutory human rights agencies, as well as with relevant NGOs, and human rights and development research agencies.

Recommendations:

15: We recommend that DFAIT, utilizing the expertise of its Human Rights, Humanitarian Affairs and International Women's Equality Division, take the lead in developing a process for public, independent and transparent human rights assessments of trade negotiations; that DFAIT invite other relevant departments and agencies, including the federal and provincial statutory human rights agencies, and non-governmental human rights, development, health and HIV/AIDS organizations, to participate in the design of appropriate frameworks and processes, and to contribute evidence and impact evaluations for this assessment; and that the criteria of human rights-compatibility and compliance be the guiding evaluatory principle of this assessment.

16: We recommend that DFAIT, in cooperation with other relevant departments and agencies, strengthen its support for, and promotion of, human rights and promote the recognition by all states of their obligation to respect, protect and promote human rights in the response to HIV/AIDS, through international initiatives designed to:

- **champion the International Guidelines on HIV/AIDS and Human Rights, their application and further development;**
- **encourage and support actions by national governments to respect, protect and promote human rights through such measures as: (a) developing national legal frameworks related to HIV/AIDS; (b) developing legislative and administrative measures to protect people living with HIV/AIDS from discrimination; (c) implementing measures to enhance gender-specific policies that reduce vulnerability and protect the human rights of women and girls; and (d) implementing measures to achieve greater human rights education and public mobilization;**
- **provide resources and expertise to agencies advancing such initiatives – agencies such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Fund for Technical Cooperation and Assistance (of the Office of the High Commissioner for Human Rights, and the United Nations Development Programme's Thematic Trust Fund on HIV/AIDS;**
- **enhance the enforcement mechanisms of the Covenant on Economic, Social and Cultural Rights, by championing and building support for the proposed Optional Protocol to the Covenant which, among other things, would open access for complaints by victims of violation of human rights; and**
- **enhance the work of the United Nations Commission on Human Rights, its Sub-Commission on the Promotion and Protection of Human Rights, and the United Nations Committee on Economic, Social and Cultural Rights, by advocating for these bodies to continue to monitor the ongoing challenge of HIV/AIDS; by supporting ongoing research regarding the implications of trade, investment and service agreements for the enjoyment of the right to health, and for access to medicines and services; and by supporting the work of the United Nations Special Rapporteur on the Right to Health.**

17: To help ensure that the exercise of Canadian policy is thoroughly informed by Canada's human rights obligations, we recommend that DFAIT ensure that the research reports of the Commission, Sub-Commission and other human rights mechanisms and bodies are brought to the attention of trade negotiators and their advisors; and form the basis for dialogue with NGOs in consultative processes related to the preparation or review of Canada's positions in global and regional trade and investment negotiations.

5.3 Saving Lives: Access to Treatment

As the dean of a US medical school put it recently, "In the next five years, either 5 million or 30 million will die: this will depend on access to drugs."

– Mary Robinson, United Nations High Commissioner for Human Rights[17]

[T]he most striking inequity is our failure to provide the lifesaving treatment to the millions of people who need it most… [T]he single most important step we must now take is to provide access to treatment throughout the developing world. There is no excuse for delay.

– Nelson Mandela [18]

[T]he imperative of treatment is spreading non-stop across the African continent.

– Stephen Lewis, United Nations Special Envoy on HIV/AIDS for Africa[19]

There are no circumstances in which the most fundamental human rights should be subordinated to the requirements of IP protection.

– Commission on Intellectual Property Rights (United Kingdom)

The challenge of treatment

In the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, UN member states undertook to "…in an urgent manner make every effort to provide progressively and in a sustainable manner the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and the effective use of quality-controlled anti-retroviral therapy."[20]

The economic rationale concerning the cost-effectiveness of large-scale investment in treatment is increasingly clear. As highlighted in a recent presentation to the 2nd International AIDS Society Conference on HIV Pathogenesis and Treatment (July 2003), Professor Jean-Paul Moatti, of the International AIDS Economics Network, stated that funding access to treatment is a rational economic choice. "We have systematically underestimated the impact of AIDS on the economy," Moatti argued. Noting that Brazil saved US$2 billion in four years and prevented more than 60,000 new cases of HIV infection, 90,000 deaths and 358,000 hospital admissions, Professor Moatti said it would be economic "stupidity" not to provide antiretroviral treatment to HIV/AIDS patients in developing countries.[21]

One principal reason why the overwhelming majority of people living with HIV/AIDS in developing countries do not have affordable access today is that many of these drugs are too expensive. Although the prices of some of these drugs have come down significantly in some countries, the drugs still remain out of the reach of most people living with HIV/AIDS in developing countries. A number of authorities argue, however, that prices have now been reduced to a level where rapid extension of treatment is feasible.[22] A variety of strategies, appropriate to different circumstances of each country, may be required. An initial examination of short, medium and long-term institutional, clinical, resource and research strategies can be

found in a study prepared for the Access to Essential Medicines Subgroup of the Millennium Project, supported by the United Nations Development Programme (UNDP). A pro-active examination of technical obstacles occurred at the July 2003 Amsterdam International Workshop on Strategies for Scaling-Up HIV/AIDS Treatment in Resource-Poor Settings.[23] This event sought to recommend creative means for scaling up to a global target of treating three million people in the developing world by 2005.

International discussion of scaled-up provision of treatment has advanced as far as finding practical solutions to technical obstacles. However, significant fundamental challenges remain and must be taken into account in any successful strategy: inadequacy of health systems, faulty clinical procedures, cultural factors, inadequate or inappropriate research related to diseases prevalent in developing countries and, not least, inadequate resources.[24]

People working to improve access to medicines have identified the World Trade Organization's (WTO) TRIPS Agreement as contributing to barriers to affordable access, by requiring enhanced protection for intellectual property in medicines and thereby increasing costs to governments and consumers. The TRIPS Agreement does contain provisions that would, at least in theory, provide flexibility for countries to qualify or limit intellectual property protections in order to balance them against other policy objectives, including those related to public health – including measures such as compulsory licensing to permit the manufacture of lower-cost generic versions of patented medicines, and the parallel importation of patented medicines sold less expensively in another country. However, the reality has been rather different. In practice, countries considering using those measures have faced considerable opposition from industrialized WTO members, with the result that no developing country has yet mustered the political will to actually take such a step in order to secure lower cost medicines.

The Fourth Ministerial Conference of the WTO in Doha, Qatar was the occasion of public pressure and pointed debate on the issue of access to medicines. A declaration was issued (14 November 2001) which recognized the "gravity" of the public health problems afflicting many developing countries, "especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics." The Doha Declaration on the TRIPS Agreement and Public Health recognized the importance of intellectual property protection for development of new medicines, but affirmed that the TRIPS Agreement "does not and should not prevent members from taking measures to protect public health." It said that TRIPS should be "interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all."[25] The Declaration also expressly affirmed: (a) that the TRIPS Agreement contains "flexibilities" that countries were entitled to use, including compulsory licensing; and (b) that countries were entitled to determine for themselves the grounds upon which they would allow the issuing of compulsory licensing in their jurisdiction.

However, the Doha Declaration left an important issue unresolved. The TRIPS Agreement states that countries can only issue compulsory licences "predominantly" for the purposes of supplying their domestic market, restricting the possibility and scope of production of generic drugs under compulsory licence in one country for export to another. However, many developing countries do not have the manufacturing capacity that would allow local production of generic medicines. Consequently, the Doha Declaration recognized that such countries face difficulty in "making

effective use" of compulsory licensing, because of their own limitations in manufacturing generic medicines and the restrictions imposed by the TRIPS Agreement on the rights of potential supplier countries to produce generic medicines for export.

The Doha Declaration committed the WTO Council for TRIPS to find an "expeditious solution" to the problem of countries with insufficient or no manufacturing capacity in the pharmaceutical sector. The WTO set itself a deadline of the end of 2002 for arriving at a solution. However, WTO countries were unable to meet this deadline. Developing countries made several proposals, the last of which, in December 2002, was approved by all countries except the US. Despite the advice of Trade Minister Pettigrew[26] that the issue should be resolved before the Cancún, Mexico WTO Ministerial Conference (in September 2003), the Montreal Mini-Ministerial preparatory meeting (July 2003) ended without such a result.[27]

Only on 28 August 2003 in Geneva was a "deal" confirmed. It took 21 months of post-Doha negotiations before this compromise (with its attendant flaws) could be agreed.[28] In that interval, more than 8.3 million people died of HIV/AIDS.[29] During the first twelve months of negotiations, resistance to agreement on the outstanding issues was considerable, involving, according to observers "powerhouses such as the US, the European Union, Japan and Canada."[30]

Since the deadlock in December 2002, Canada has made assurances that it would not initiate a formal complaint to the WTO's Dispute Settlement Body against developing countries that seek to buy cheaper generics, subject to a number of significant qualifications. However, this is no substitute for multilateral action in achieving a solution that truly addresses the health needs of developing countries.

The late August agreement reached by the Council for TRIPS on the implementation of the Doha Declaration permits WTO member countries with exporting capacity to accept a compulsory licence to manufacture and export particular drugs to an eligible importing country. An eligible importing country is defined as any least-developed country and any other country that has made a notification to the Council for TRIPS of its intention to import. Notification must be made to the Council for TRIPS confirming a number of details, and must meet a number of conditions which the Council for TRIPS will monitor and supervise. Products exported for these purposes must be specially packaged or labelled. Member countries must prevent re-export to third countries, and any WTO member can ask the Council to review an issue if it contends that this provision is not being adequately enforced.[31]

This agreement, reached on the eve of the Cancún Ministerial Conference, is a positive development in that it finally opens a door which was promised at the last such conference. The Director-General of the WTO stated that it shows that the WTO "fully respects and protects humanitarian concerns."[32] The agreement is an advance over earlier proposals in one key area: It is not restricted to a list of specific diseases or to public health crises.

It must be recognized however, that the agreement is only an "interim waiver" regarding TRIPS provisions, pending an agreement to amend the current TRIPS agreement itself. Furthermore, the agreement, in the view of long-term treatment advocates, is seriously flawed. It places the Council for TRIPS and the WTO Secretariat in the position of reviewing the issuance of

individual licenses, an intimate and potentially intrusive role that has the potential to complicate processes and to be used in a negative or delaying fashion. The WTO could have adopted a simpler and more straightforward approach as suggested, for example, by EU Parliament Amendment 196, which would have put non-manufacturing import-dependent countries more or less on an level playing field with industrialized countries.[33]

What is the primary purpose of the much more complicated arrangement arrived at in the Geneva agreement? Is it to speed and ease the provision of access to HIV/AIDS patients in least developed and developing countries? Or is it, as claimed by Ellen t'Hoen of Médicins Sans Frontières, "to offer comfort to the US and the Western pharmaceutical industry."[34]

In light of this agreement, several actions need to be taken immediately:

- Governments and advocates must undertake efforts to ensure that developing countries can use these provisions with a view of expeditiously maximizing access to cheaper medicines.
- Developing country governments undertaking these efforts must be supported in the face of inevitable pressure that will be brought to bear against their doing so.
- Efforts must be continued to simplify and expedite provisions for access to generic supplies.

What about Canada's role? Canada's official position is that "balance" must be sought "between the need for innovation-spurring incentives and the benefits derived by society from maximum access to new creations."[35] The question must be put as to the appropriateness of maintaining a policy of "balance", thus defined, in the face of massive death and suffering. Canada is one of the parents of the TRIPS agreement, and is one of the powerful "Quad" of nations with considerable influence and power in the WTO. Canada therefore bears a considerable responsibility for the results of negotiations. This leads to the following important questions:

- Was Canada, as charged by observers, one of the key centres of resistance to change before and after the Doha Declaration.
- Has Canada acted forcefully to place the right to health and access to treatment as the dominant concern in finding a solution?

One sign that Canada is fully behind efforts to expedite supplies of generics to non-producing countries would be an immediate commitment that Canada would, if asked by a Canadian generic manufacturer, approve a compulsory license for exporting drugs to Africa. A further important step would be the revision of the Canadian Patent Act to reintroduce compulsory licensing to authorize the production of generic versions of on-patent drugs for export to countries where medicines are not patented or where countries are invoking the agreement reached in Geneva. Canada should also make it clear that it will do nothing further to retard the implementation of the agreement and the granting of the relevant licenses.

Because the Geneva agreement is interim, opportunities remain for further advances with respect to the provision of drugs in the interest of public health. In this regard, Canadian policy should clearly prioritize the right to health and should ensure that trade and intellectual property provisions serve the right to health.

The United Kingdom (UK) Commission on Intellectual Property Rights has put forward three principles on which any further advance on the agreements at Doha should be based:

- "First, it should be quickly and easily implementable with a view to a long term solution.
- Second, the solution should ensure that the needs of poor people in developing countries without manufacturing capacity are given priority.
- Third, it should seek to ensure that conditions are established to provide potential suppliers the necessary incentive to export medicines that are needed."[36]

The Commission further noted that there are no circumstances in which the most fundamental human rights should be subordinated to the requirements of intellectual property protection.

The debate over TRIPS and access to essential medicines is not restricted to the WTO. Pressure to include TRIPS-like or TRIPS-plus provisions in regional and bilateral agreements is growing. As a recent study by the Quaker United Nations Office documented, "developing countries are concerned about so-called TRIPS-plus agreements, especially at the regional and bilateral level. These types of agreements include commitments that go beyond what is already included in the minimum standards of the TRIPS Agreement."[37] The study expresses concern that regional and bilateral agreements could undermine the limited but important flexibilities in the multilateral TRIPS agreement, which are of considerable importance to developing countries. Not least among the regional agreements causing concern is the FTAA, currently under negotiation. The study's assessment is blunt: "Proposals in the FTAA draft could undermine the capacity of governments to take measures to protect public health." The study says that the draft contains "various proposals that could limit existing flexibilities in the TRIPS Agreement and the Doha Declaration, including the principle of international exhaustion of rights, the use of compulsory licensing, and the availability of information on the safety and efficacy of a protected pharmaceutical or agricultural/chemical product."[38]

Canadian policy, intellectual property, and health

Serious questions have been raised about the benefit to development and the public good of the global application of intellectual property protection. As the UK Commission on Intellectual Property Rights has stated: "Today, the main beneficiaries of intellectual property protection are largely trans-national corporations, which can use intellectual property laws to own and control research and development, while the world's poorest people face higher prices and restrictions on access to new technologies and products."[39]

The Commission has cautioned that because of the power and resource inequalities between developed and developing countries engaged in negotiations like those regarding intellectual property, a significant imbalance exists and "intellectual property systems may, if we are not careful, introduce distortions that are detrimental to the interests of developing countries." The Commission commented that "there is sustained pressure on developing countries to increase the levels of intellectual property protection in their own regimes, based on standards in developed countries" and that bilateral and regional trade agreements often include commitments to implement intellectual property regimes that go beyond TRIPS minimum standards.[40] The Chair of the Commission also pointed out that pressures to harmonize patent provisions within the World Intellectual Property Organization "may remove the present flexibilities in TRIPS."[41] The

Commission cautioned that "policy makers need to consider the available evidence, imperfect as it may be, before further extending IP rights."[42]

In its recent review of TRIPS, the UNDP states that "the relevance of TRIPS is highly questionable for large parts of the developing world. Its asymmetric nature makes it unsuitable to be included in a trade-bargaining and negotiation context." The UNDP report concludes that TRIPS should be replaced with more development and health-friendly approaches.[43]

DFAIT continues to be committed to a policy of encouraging "that developing and least developed countries should, as far as possible, fully implement current levels of international intellectual property obligations."[44] This stance is not consistent with human rights principles. As the UK Commission reminded us in its final report: "There are no circumstances in which the most fundamental human rights should be subordinated to the requirements of IP protection."[45]

Since Doha, discussions have not succeeded in arriving at a solution to TRIPS-related barriers faced by developing countries in making effective use of compulsory licensing to access more affordable medicines. Canada was one of the parents of the TRIPS agreement, and it has considerable influence and power in the WTO. Has Canada been, as charged by some non-governmental observers, one of the key centres of resistance to change before and after the Doha Declaration? Has Canada forcefully challenged the roadblock at the WTO and truly put the health needs of poor people in developing countries at the centre of its policy objectives, or has it struck a "balance" that prioritizes private patent rights over the human rights of people in need of life-extending and life-saving medicines? As part of a foreign policy approach to HIV/AIDS that is committed to respecting, protecting and fulfilling human rights, Canada can and should play the role of strong champion of access to medicines for poor people and developing countries.

With regard to regional and bilateral agreements, the question arises as to why Canada is promoting or condoning the advancement of TRIPS-plus provisions, and why the provision of protection of public health as well as the right to health has yet to be given priority in Canadian trade negotiation policy.

The future: Pharmaceutical research and provision in the global public interest

> **After Doha, it is clear that if drugs are considered as goods, health will remain an extension of the market, with remedies and treatments available only to those with enough purchasing power.**
>
> – German Velasquez, Coordinator, Drug Action Program, World Health Organization[46]

> **This AIDS drug thing is simple. It's a chance to dip our well-fed toes in the water, by actually using our collective discoveries and inventions to benefit humanity. Maybe we shall find that it isn't so dangerous and that our economic system doesn't collapse. And the health benefits will be immediate and spectacular.**
>
> – John Sulston, Recipient of the 2002 Nobel Prize for Medicine[47]

The UK Commission on Intellectual Property Rights examined the development policy impact of current intellectual property approaches, raising useful issues for further research, debate and

policy development. The Commission noted that too little research on the relationship between intellectual property and development exists, particularly with reference to low-income countries.[48] If essential drugs are considered a global public good – i.e., something with benefits that extend to all countries, people, and generations[49] – several key questions must be addressed:

- "Can a global public good be patentable, so that a few have a monopoly over it to the disadvantage of millions?
- Can the drug that makes it possible to exercise a fundamental right be bound by rules that thwart access for 20 years?
- How can research and development of new drugs be organized to ensure that they are immediately accessible to those who need them?
- How can the pharmaceutical industry be reoriented towards goals compatible with improving health and the quality of life rather than economic expansion and profit?
- How can tomorrow's society secure the manufacture of those drugs at a global level?"[50]

Many of these questions have been examined in reports to the United Nations Commission for Human Rights and related bodies. The Commission and the World Health Organization (WHO) are logical bodies for the aggressive development of answers to these questions and the development of a strategy to implement the answers. Humanitarian NGOs, such as Médecins Sans Frontières, have done extensive research in this area and have made very practical proposals for the funding of international research and development of pharmaceuticals in the global public interest. However, Canada could make a useful contribution by advancing consideration of questions like those raised as a result of the work of the UK Commission, through the appointment of a body to examine long-term approaches.

Saving lives: The road to increased immune capacity and prevention

> **[T]he long-term solution lies only in developing a safe, effective and equitable delivery system and not merely flooding the market with drugs.**
>
> – Canadian Public Health Association[51]

> **[I]t is clear that a comprehensive approach to care, treatment and support of people living with and affected by HIV/AIDS is essential.**
>
> – Canadian International Development Agency Discussion Paper[52]

Effective and sustainable treatment is not conceivable without the provision of information, counselling, monitoring and support. Effective prevention and care require many of the same elements. Both require innovative forms of outreach. Both require significantly increased resources for resource-poor countries.

The WHO's Commission on Macroeconomics and Health notes that treatment and prevention can move ahead together. The Canadian International Development Agency notes that in the immediate "battle" the following elements must be kept in view: "…battling the HIV virus with barriers to its transmission, drugs to limit its replication in people's bodies (ARVs), medications to treat the infections and conditions it causes, and measures to alleviate the pain and suffering of those who succumb to the disease and the loved ones they leave behind."

In the longer term, there must be "fundamental changes in the political, economic and social structures that foster HIV transmission and that exacerbate its impact among those marginalized by poverty, gender, race and/or sexual orientation."[53]

Reversing the erosion of public health systems and strengthening their capacity to meet growing challenges is essential. Health systems must be expanded and strengthened. This will require interconnected investments in physical plant and equipment, training, personnel, drug supply, logistics, management services, information technology, oversight and monitoring.[54] Policy provision and the allocation of resources for community-based primary health care, maternal and child health programs, immunization programs along with information and education, are essential to the success of an overall strategy against HIV/AIDS. Ongoing training of volunteers as well as staff is also essential. The unknowns about long-term effects of antiretroviral treatment require careful monitoring and analysis.

A significant share of increased resources for HIV/AIDS must be invested in health systems. Resistance must be overcome. As one recent study argues, "the central argument *against* aid – limited 'absorptive capacity' – must be viewed as a fundamental argument *for* aid. Moreover, devising more effective strategies for using donor funds and technical assistance to build capacity should be a central priority of developing and donor nations alike."[55]

A further requirement is investment in antiretroviral drug research to develop drugs that are more appropriate for use in resource-poor settings.[56]

Recommendations:

18: We recommend that DFAIT, in collaboration with Health Canada, the Canadian International Development Agency and other relevant agencies and departments, champion an international agreement on defined targets and timelines for provision of access to essential medicines, including antiretroviral therapy, for the treatment of HIV/AIDS, with specific attention to sub-Saharan Africa.

19: We recommend that DFAIT support the target of the World Health Organization (WHO) of three million people receiving treatment with antiretroviral therapies by 2005, and support the definition and adoption of more comprehensive, ambitious and realistic targets beyond this initial WHO target.

20: We recommend that Canada commit significant resources to the achievement of international targets for the provision of access to essential medicines; and that DFAIT advocate for this to happen.

21: We recommend that DFAIT support, and where necessary initiate, international cooperation to ensure the provision of affordable quality supplies of medicines by encouraging regional generic production facilities, where possible; that DFAIT encourage the formation of an international consortium of generic-producing countries to scale-up production, distribution and sustainable supply, with appropriate changes in Canadian patent law to facilitate Canadian production

of generics for export; and that DFAIT secure public commitments by World Trade Organization (WTO) Members at the Fifth WTO Ministerial Conference (Cancún, September 2003) that will facilitate and support this strategy.

22. We recommend that Canada support an amendment to the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that will ensure a simple and non-restrictive system for enabling countries with limited or no pharmaceutical manufacturing capacity to make effective use of compulsory licensing, including the removal of any remaining impediments in TRIPS that prevent such use; and that Canada support developing countries in their efforts to avail themselves of this solution, and oppose efforts to pressure them into not using it.

23: We recommend that DFAIT, in collaboration with other federal government departments and agencies, work with developing countries to implement ways to significantly lower the prices of antiretroviral therapies and other HIV-related drugs, including the establishment of workable laws that give full effect to compulsory licensing.

24: We recommend that a full evaluation of the implications of a more stringent intellectual property regime for the right to health and for development be undertaken on an urgent basis as part of human rights assessment of trade negotiations (see Recommendation 15).

25: We recommend that DFAIT's current policy of encouraging further implementation of intellectual property obligations by developing countries be suspended pending the human rights assessment of trade negotiations; and that the policy be amended, if appropriate, in light of the findings of that assessment.

26: We recommend that DFAIT oppose provisions such as the TRIPS-plus proposals in the Free Trade Area of the Americas negotiations, and similar provisions in any bilateral trade negotiations, that would extend intellectual property rights and limit states' policy options in balancing intellectual property protection against other policy objectives, such as protecting and promoting human rights, including the right to health. Instead, DFAIT should undertake to secure a development-friendly model for governance of intellectual property that does not mandate minimum length and scope of intellectual property protections and that increases national decision-making authority, allowing states to set public policy according to domestic considerations such as levels of development and health needs.[57]

27: We recommend that in further development of Canadian strategies, initiatives and leadership in confronting HIV/AIDS internationally, DFAIT and collaborating departments and agencies give priority to a comprehensive approach to strengthening public health systems.

5.4 Mobilizing Resources

> **Whatever else, the war in Iraq and the aftermath is going to cost this world in excess of US $100 billion and I want someone to explain to me why there is always so much money for conflict and pennies for the human condition.**
> – Stephen Lewis, United Nations Special Envoy on HIV/AIDS for Africa[58]

Resource provision for combating HIV/AIDS and the conditions that exacerbate it derive from a number of sources: domestic expenditure, funds freed by debt relief, bilateral official development assistance (ODA), multilateral lending and grants, and the initiatives of private foundations and NGOs.

Prior to the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, annual expenditures on HIV/AIDS in low and middle income countries was approximately US$2.8 billion.[59] The Global Fund was designed to raise and spend new money, not replace existing spending. In its first two rounds of funding, in the period 2002-2004, the Global Fund has spent US$1.5 billion, of which 65 percent has gone to HIV/AIDS, and has committed an additional US$1.5 billion.

However, the needs are far greater than this. Significant new resources are required to combat HIV/AIDS effectively. Estimates of what is required range from US$7-10.5 billion a year by 2005 to US$22 billion a year by 2015. For example:

- The UNGASS Declaration of Commitment on HIV/AIDS called for annual expenditures in low and middle income countries to reach US$7-10 billion by 2005.[60]
- The Commission on Macroeconomics and Health estimated in 2001 that the total costs of responding to HIV/AIDS would reach US$14 billion by 2007 and US$22 billion by 2015. It considered that annual expenditures might be distributed one third to prevention, one third to treatment of opportunistic infections and one-third to antiretroviral therapy. The Commission based its projections on very conservative statistics, assuming that only five percent of Africans living with HIV/AIDS are currently aware of their status, and are thus in a position to know whether or not treatment is appropriate.[61]
- At the end of June 2003, UNAIDS estimated that US$10.5 billion will be needed by 2005 (an estimate it termed "bare bones"), of which only $4.7 billion has been committed. Even with intended increases recently announced by European nations and the US, commitments are about US$5 billion short of the 2005 target.[62]

The Global Fund

The Global Fund is desperately in need of additional resources. The Fund is having difficulty raising the dollars it needs for the third and fourth rounds of funding (scheduled for October 2003 and April 2004) In all, for the three calendar years 2003-2005, the Global Fund estimates that it needs US$9.7 billion, of which only US$1.5 billion has been pledged.

Most of the shortfall will have to be made up by industrialized nations. Logically, the amount that each nation contributes should be based on its ability to pay, as calculated by the size of its economy – i.e., its gross national product. Canada has contributed only US$25 million a year to

the Global Fund (for a four-year period). Based on an equitable contribution framework in which Canada contributes in relation to its percentage of world gross national product, to meet the fund's needs for the period 2003-2005 Canada's annual contribution should be in the neighbourhood of US$100 million, which is four times its current contribution.[63]

The Standing Committee on Foreign Affairs and International Trade has recommended that Canada triple its contribution to the Global Fund.[64]

Official development assistance

Per capita amounts of aid in sub-Saharan Africa dropped from US$34 in 1990 to US$21 in 2001. In developing countries generally, over that same period, per capita assistance fell by one third from US$15 to US$10. The World Bank estimates that to meet the Millennium Development Goals by 2015 would cost an *additional* US$50 billion per year, which would double current levels of ODA from the industrialized countries. If the long-standing ODA target of 0.7 percent of gross national product[65] were met by the world's 23 largest donors (including Canada), this would generate US$165 billion a year, an amount that is more than three times the current ODA.[66]

The Prime Minister's commitment at Monterrey (2002) to increase Canada's ODA by eight percent per year is a very welcome announcement, but it only takes us gradually back to Canadian levels of a decade ago.[67] Meanwhile, a number of countries are pledging significant new levels of ODA expenditure, including:

- Ireland, which has pledged to reach 0.7 percent of gross national product by 2007;
- Belgium, which has pledged to reach 0.7 percent of gross national product by 2010; and
- the Netherlands and Sweden which have pledged to reach 1.0 percent of gross national product by 2005 and 2006 respectively.[68]

Canada should follow the lead of such countries and establish a target and timeline for reaching 0.7 percent of gross national product no later than 2007.

Debt and the policies of the World Bank and the International Monetary Fund

Debt burdens, despite increased attention to their effects and their relief, continue to bedevil development initiatives in many developing countries. Canada has taken steps to reduce bilateral debt, and should be commended for having done so. However, significant debt is still held by multilateral organizations of which Canada is a member.

Debt relief for budget support at the national level in developing countries is a highly desirable objective. Both debt relief and the use of resources thus freed should be assessed in relationship to a country's needs in reaching the Millennium Development Goals, including the HIV/AIDS goals. Jubilee Research has proposed an independent mechanism for resolving debt issues in an open, accountable and transparent process, placing onus on both creditors and debtors.[69] Until such an innovative solution gains approval, Canada, as a key member of both the World Bank and the International Monetary Fund (IMF), as well as of regional development banks, is in a position to influence debt relief and debt cancellation.

As long as multilateral debt remains a significant factor for any developing country government, the conditions on which borrowing or modifications in debt arrangements are based will play an influential role in domestic economic planning and policy. Conditionality has been energetically debated for some time. As public criticism of conditionalities has increased, the tendency has developed to transform them into preliminary requirements in advance of consideration or confirmation of funding. In terms of strategies to confront HIV/AIDS, the most sensitive areas are overall limitations on public sector spending, pressure to privatize public services – particularly health services – and pressure to conform to WTO agreements such as TRIPS, whereas special and differential arrangements might be more appropriate to national needs.

The basis for World Bank and IMF concessional lending, debt relief under the Heavily Indebted Poor Countries (HIPC) initiative and donor coordination is embodied in the Poverty Reduction Strategy Paper (PRSP) approach. These three-year national plans are supposed to be prepared in a participatory manner, focusing on public policy development that will most effectively address poverty and setting specific targets.

The United Nations Population Fund has recently published a study which, in part, examines the extent to which the potential of the PRSP process has been utilized to present opportunities to design strategies to deal with poverty and HIV/AIDS in an integrated fashion. The evaluation revealed that experience is extremely uneven; a great deal can be done to improve matters. Weaknesses identified include: the failure to address the structural causes of impoverishment, static approaches, the failure to critically examine policy, a lack of precision, new economistic frames of reference, and limited focus. The report concludes "most PRSPs completed have generally missed the opportunity for effectively assessing the links between poverty, population and HIV/AIDS." The report provides a checklist to assist the mainstreaming of HIV/AIDS considerations into poverty reduction strategies.[70]

The advisability of specific bank policies, including privatization, has come under increasing scrutiny. On the governmental side, the Commonwealth Foundation sponsored a consultative process on privatization of utilities and services preparatory to the 2003 Commonwealth Finance Minister Meeting (Brunei, Sept. 2003). The international NGO network, the Social Watch, has included in its 2003 annual report information on the experience of privatization in more than 40 countries. The negative effects of privatization, de-regulation and market pricing on services upon the poor and vulnerable in many situations is one of the key findings of such studies.[71]

Effective mobilization against HIV/AIDS requires strengthened government capacity, renewed public service delivery and a framework of service provision and access that honours human rights principles of equality and non-discrimination. Conditionalities which contradict or undermine these objectives should be eradicated.

Recommendations:

28: We recommend that DFAIT advocate among the industrialized nations for the adoption of an equitable contributions framework for contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

29: We recommend that, based on this equitable contributions framework, Canada significantly increase its contributions to the Global Fund; and that DFAIT advocate for such an increase. Canada's contribution to the fund should be over and above established levels of official development assistance.

30: We recommend that Canada establish and publicly announce a series of incremental targets (with timelines) that will enable it to quickly meet the goal of 0.7 percent of gross national product for official development assistance; and that DFAIT advocate for such targets.

31: We recommend that DFAIT initiate consultations with Finance Canada, Health Canada, the Canadian International Development Agency and relevant NGOs to review the impact of current World Bank and International Monetary Fund conditionalities on the ability of developing countries to mobilize resources for an effective response to HIV/AIDS.

32: We recommend that DFAIT work with the Finance Canada and the Canadian International Development Agency to encourage the rapid mainstreaming of HIV/AIDS considerations into poverty reduction strategies administered by the World Bank, utilizing such tools as the Checklist for Mainstreaming HIV/AIDS in Poverty Reduction Strategies, developed by the United Nations Population Fund.

5.5 Engaging Civil Society: Participation of People Living with HIV/AIDS, Vulnerable Groups and NGOs

> **Africa... is a continent where at the grassroots and community level, there is tremendous knowledge, tremendous resilience, tremendous solidarity at community and family level, particularly amongst the women who are still alive and active.... And what must happen is that we take the responses to scale. We must generalize the community responses throughout the country. And if we were able to do that, millions of lives would be saved.**
>
> – Stephen Lewis, United Nations Special Envoy on HIV/AIDS for Africa

One of the characteristics of the global response to HIV/AIDS has been the engagement of the people most seriously affected as well as community groups, faith groups and social movements working with those most-seriously affected – not only in providing education, prevention and care, but also in planning and in developing policy. Not least among those involved have been people living with HIV/AIDS.

From a public health perspective, the strength of these community and civil society links are integral to risk reduction. Investing in public health, with a strong emphasis on strengthening networks of mutual support and providing increased support for community responses, is essential.[72] This is particularly important in the case of HIV/AIDS where the most vulnerable groups may be neglected by the existing system, where behaviour modification requires active personal involvement, and where civil society networks are the only means to reach people at risk.[73]

In the UNGASS Declaration of Commitment on HIV/AIDS, United Nations member states acknowledged the "strong role played by communities"[74] and "the particular role and significant contribution of people living with HIV/AIDS...and civil society actors"[75] in the response to HIV/AIDS. The Declaration also committed member states to:

- developing and implementing national strategies that involve partnerships with civil society and the full participation of people living with HIV/AIDS and vulnerable groups;[76]
- establishing mechanisms at the global level that involve civil society partners, people living with HIV/AIDS and vulnerable groups;[77] and
- involving civil society, people living with HIV/AIDS and vulnerable groups in periodic national reviews of the progress achieved in implementing the Declaration.[78]

Health Canada has a good track record of involving civil society and people living with HIV/AIDS in the domestic response to the epidemic. As well, the International Affairs Directorate of Health Canada has established a working group of representatives of NGOs involved in global HIV/AIDS issues to provide advice to the Directorate.

At the UNGASS session in June 2001, DFAIT added two civil society representatives, including a person living with HIV/AIDS, to the Canadian delegation. DFAIT should continue this practice at the annual General Assembly UNGASS debates on progress in implementing the Declaration of Commitment.

Unfortunately, as the UNGASS debate itself showed, not all countries have a history of involving civil society, people living with HIV/AIDS and vulnerable groups in the planning and delivery of HIV/AIDS programming or in policy development. Canada can play a leadership role by championing the involvement of these stakeholders whenever opportunities present themselves on the global stage.

There are concerns in the international NGO community about how the implementation of the commitments in the Declaration of Commitment will be monitored, at both the national and global levels. UNAIDS is trying to promote the involvement of civil society in assessing the annual UNGASS progress report prepared by the Secretary-General. DFAIT should support the UNAIDS efforts.

Recommendations

33: We recommend that DFAIT, in its bilateral relations with the governments of most-seriously affected countries, encourage and support the engagement of community-based organizations, NGOs, persons living with HIV/AIDS, and vulnerable groups in the development and design of HIV/AIDS policies and programs, and in their implementation and evaluation.

34: We recommend that in multilateral fora, DFAIT champion the involvement of community-based organizations, NGOs, persons living with HIV/AIDS, and vulnerable groups in all aspects of the response to the epidemic.

35: We recommend that representatives of civil society and persons living with HIV/AIDS be included in the Canadian delegations that attend the annual United Nations General Assembly UNGASS debates.

36: We recommend that DFAIT support the Joint United Nations Programme on HIV/AIDS (UNAIDS) in its efforts to involve civil society in assessing the United Nations Secretary-General's annual progress report on the UNGASS Declaration of Commitment; and that in its bilateral relationships and in multilateral fora, DFAIT promote the involvement of civil society in critiquing the reports that individual states prepare on progress in implementing the commitments contained in the Declaration.

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SECTION 6.0
SPECIFIC FOREIGN POLICY INITIATIVES

This section examines additional foreign policy approaches that DFAIT should consider with respect to how it responds to HIV/AIDS. The section describes the implications of the HIV/AIDS epidemic on conflict, post-conflict and humanitarian emergency situations, with particular reference to Africa and to Canadian engagement in peacekeeping and related missions in areas in conflict. The section also examines the impact of HIV/AIDS on food security and governance; discusses steps that DFAIT can take to promote and share best practices in the response to HIV/AIDS; and examines the need to support international research on HIV/AIDS .

6. 1 Human Security

Canadian foreign policy identifies an ambitious agenda for human security, one that addresses public safety, protection of civilians in conflict, conflict prevention, governance and accountability, and support for peace. The Canadian approach to security issues includes an emphasis on human rights for women and gender training.[1]

As indicated in Section 2.0 (The Impact of HIV/AIDS), HIV/AIDS has major implications for human security at the community, national and international levels. HIV/AIDS is frequently a contributing cause of insecurity and conflict and is also exacerbated by it. It follows, therefore, that HIV/AIDS should be seen as an integral factor to be addressed in the context of Canada's promotion globally of a human security agenda. This sub-section deals with some of the military aspects of human security. It should be noted, however, that achieving human security requires action on a much broader front – including, for example, ensuring that there is a functioning social and health infrastructure, providing access to medical care, eliminating gender inequality, and ending gender-based violence and other forms of violence fuelled by stigma and discrimination. The most effective way to deal with the impact HIV/AIDS has on human security is to address HIV/AIDS itself as well as the underlying factors that make people vulnerable to HIV.

Conflict, HIV/AIDS and the role of African armed forces

> **The Security Council recognizes that further efforts are necessary to reduce the negative impact of conflict and disasters on the spread of HIV/AIDS, and to develop the capacity of peacekeepers to become advocates and actors for awareness and prevention of HIV transmission.**
>
> – United Nations Security Council, 28 June 2001[2]

War offers a fertile breeding ground for HIV/AIDS, due to the mobilization of young men (already a high-risk group for sexually transmitted infections), and the displacement of refugees. The use of rape and sexual violence as an instrument of war and repression adds a further serious dimension. Children and young people in conflict situations are especially vulnerable to HIV/AIDS due to the higher risk of sexual abuse, forced military recruitment and prostitution.[3]

Armed conflicts strain already poorly equipped medical facilities. Civilians are at greater risk of becoming infected with HIV because of the demographic distortions caused by armed conflicts.[4]

Of the countries in Africa with the highest prevalence of HIV/AIDS, half are engaged in conflict of one kind or another.[5] The frequency of armed conflict in Africa is unlikely to diminish quickly. African military forces often have a high-incidence of HIV and often engage in high risk behaviour. Thus, these military forces are agents in the spread of the disease. However, with the proper interventions, they could become instead significant agents in the struggle against the spread of HIV. The cooperation of the military is an essential component of the response to HIV/AIDS. Efforts to engage the military should be supported and encouraged.

Because regional forces are often used for peacekeeping and related activities, it is particularly important to outfit these forces to contribute to the effort against HIV/AIDS. To this end, Canada should promote the inclusion of a comprehensive HIV/AIDS strategy in all responses to conflict and emergency situations.[6] This strategy should include prevention education, the availability of condoms, health care (including HIV-related medications) for people infected with HIV/AIDS, more effective treatment of sexually transmitted infections, measures to ensure the safety of the blood supply, and the use of sterile equipment in medical procedures. Canada should also advocate for the provision of HIV/AIDS, gender and human rights awareness and training to all military personnel involved in these situations. The NGO sector should be involved in the development and implementation of these strategies and programs.

Because military forces can and do contribute to the spread of HIV infection, it is also important to ensure that comprehensive HIV prevention and education programs are implemented in communities in which peacekeepers and other military personnel serve.

Canada has been intensely engaged not only bilaterally, but also with African regional bodies such as the African Union and with the New Partnership for Africa's Development (NEPAD) initiative. The Department of Foreign Affairs and International Trade (DFAIT) can use these venues, as well as multilateral fora such as the Commonwealth, la Francophonie and the United Nations (UN), to advocate for a greater priority for HIV/AIDS in interventions in conflict situations in Africa. Similar initiatives should be undertaken in the North Atlantic Treaty Organization, given its intervention in non-North-Atlantic venues. DFAIT should also promote the inclusion of HIV/AIDS issues on the agenda of international meetings that deal with security issues, and in related reports and papers.

The mine action community

Personnel involved in demining operations are also vulnerable to HIV. Many deminers are former combatants. Demining operations often exhibit management and organizational structures and characteristics that are similar to those in the military. Both military and non-military deminers are generally deployed to areas far away from their homes and families, often for extended periods of time. The National AIDS Authority in Cambodia estimates that deminers in that country have an HIV infection rate of 7 percent, which is the same as the rate in the military.[7]

For these reasons, initiatives similar to those proposed above to address HIV/AIDS in the military should also be implemented in the mine action community.

Conflict, peacekeeping and Canadian participation

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the UN Department of Peacekeeping Operations (DPKO) are collaborating to address HIV/AIDS in peacekeeping. Among other things, they have produced an *HIV/AIDS Awareness Card for Peacekeeping Operations*. Recently, the DPKO decided to establish an HIV/AIDS Policy Officer within each major UN peacekeeping operation. DFAIT is funding a study that looks, *inter alia*, at the effectiveness of DPKO and UNAIDS collaboration in this area.

Canadian peace support operations are increasingly diverse, as internal conflicts and civil wars have become more common. Increasingly, the international community "is asked to create the elementary structures of peace and security and take on responsibilities that used to be the internal affairs of the states involved."[8]

Canada's peacekeeping operations are the responsibility of the Department of National Defence (DND). DFAIT should work with DND to ensure that a comprehensive HIV/AIDS strategy is built into all Canadian peacekeeping missions. Armed forces personnel and appropriate Canadian NGOs should be involved in the development of this strategy. Canadian military personnel currently receive HIV/AIDS education and gender training prior to deployment. It would be useful for an evaluation of the Canadian training programs to be conducted.

Finally, DFAIT should ensure that any people that its send into a country in conflict are fully briefed on HIV/AIDS issues.

Recommendations:

37: We recommend that in its bilateral and multilateral relationships, DFAIT promote the inclusion of a comprehensive HIV/AIDS strategy for military personnel involved in all responses to conflict and emergency situations. This strategy should include:

- **prevention education;**
- **the availability of condoms;**
- **health care (including HIV-related medications) for people infected with HIV/AIDS;**
- **more effective treatment of sexually transmitted infections;**
- **measures to ensure the safety of the blood supply;**
- **the use of sterile equipment in medical procedures; and**
- **HIV/AIDS, gender and human rights awareness and training.**

38: We recommend that DFAIT work with Department of National Defence to ensure that a comprehensive HIV/AIDS strategy is built into all Canadian peacekeeping missions.

39: We recommend that in its bilateral and multilateral relations, and with the Department of National Defence, DFAIT promote the development and implementation of HIV prevention and education programs for communities in which peacekeepers and other military personnel serve.

40: We recommend that in its bilateral and multilateral relations, and with the Department of National Defence, DFAIT promote the involvement of armed forces personnel and the NGO sector in the development and implementation of HIV/AIDS programs and strategies for conflict and emergency situations.

41: We recommend that in its bilateral and multilateral relations, DFAIT support the implementation in all demining operations of initiatives similar to those proposed above to address HIV/AIDS in the military.

42: We recommend that DFAIT promote the inclusion of HIV/AIDS issues on the agenda of international meetings that deal with security issues, and in related reports and papers.

43: We recommend that in its bilateral and multilateral relations, DFAIT highlight the issue of sexual violence committed by military personnel in conflict situations, and promote measures to deal with the problem.

44: We recommend that DFAIT work with the Department of National Defence to evaluate the HIV/AIDS education and gender training programs for Canadian peacekeepers; and that that DFAIT support the involvement of Canadian HIV/AIDS organizations in the evaluation.

45: We recommend that DFAIT ensure that any people that it sends into a country in conflict are fully briefed on HIV/AIDS issues.

6.2 Humanitarian Crises, Post-Conflict and Refugee Challenges

HIV/AIDS can dramatically aggravate a humanitarian situation in populations affected by conflict. Humanitarian operations in emergency and post-conflict settings can place both relief workers and local populations at greater risk of HIV infection. The uncertainty and insecurity of refugee camps encourage earlier sexual activity, typically in the absence of sexual health education and related services. The increased likelihood of sexual violence and prostitution among refugee populations broadens and accelerates the spread of HIV.[9]

Post-conflict situations

The Canadian International Development Agency (CIDA) and other Canadian agencies, including NGOs, are frequently called upon to contribute to post-conflict situations, which may involve a variety of elements, including demobilization and re-integration of combatants, community reconstructions and economic development. Further, Canada is a member of multilateral agencies, such as the UN, the UN High Commissioner for Refugees (UNHCR) and the World Bank, as well as situation-specific coalitions that organize responses to post-conflict situations.

HIV/AIDS awareness, prevention and care programs should be included in the planning and implementation of all post-conflict initiatives. These programs should target not only combatant personnel but also their families and communities, as well as the victims – often women and children – of sexual, physical and psychological violence. The overall objective must be to mitigate risk and to increase the immune-ability of the post-conflict communities and societies.

Canada is instrumentally involved in such situations as that in the Great Lakes area of Africa and the Democratic Republic of the Congo, not only through the diplomatic activity which has contributed to movement toward peace, but also through the engagement of CIDA in initiatives like the Multi-Country Demobilization and Reintegration Program. Because of the many HIV/AIDS related dimensions which characterize these situations, priority attention is required to information and education, prevention, care and treatment, as well as to measures to restore the capacity of health systems to deal with HIV/AIDS and other threats.

Humanitarian crises: Refugee challenges

Africa has 4.17 million of the world's more than 19 million refugees. It also has large and fluctuating numbers of internally displaced people. Canada is involved in humanitarian assistance with both populations through its membership in the UNHCR, through its support for other humanitarian agencies, and through the work of CIDA and Canadian NGOs.

Through Canada's membership in, and support of, key humanitarian agencies, DFAIT and CIDA can demonstrate leadership in defining the "rules of the game" that guide humanitarian assistance and govern the employment and protection of humanitarian workers. HIV/AIDS awareness, prevention and care programs should be included in the planning and implementation of all humanitarian interventions. The UNHCR, for example, has developed a Strategic Plan on

HIV/AIDS and Refugees. The plan includes anti-discrimination measures, protection training and awareness, and capacity building initiatives for local communities and refugees.[10]

The expertise and experience embodied in multilateral humanitarian agencies, particularly the UN and its operational agencies working on the ground, are a vital and often under-appreciated element in post-conflict and humanitarian responses.[11] A number of these agencies – including UNAIDS, UNHCR and the United Nations Development Fund for Women – have been instrumental in developing appropriate and effective responses to the limit of their often-confined resources. Canada has provided financial support and experienced personnel to these agencies. These important contributions must be maintained and enhanced.

Recommendations:

46: We recommend that in its bilateral and multilateral relationships, DFAIT, in cooperation with the Canadian International Development Agency (CIDA) and the Department of National Defence, promote the inclusion of HIV/AIDS awareness, prevention and care programs in post-conflict initiatives and humanitarian interventions. In post-conflict situations, these programs should target not only combatant personnel but also their families and communities, as well as victims of sexual, physical and psychological violence. Where appropriate, DFAIT, in cooperation with CIDA, should also promote and support the restoration of health systems to enable them to deal with HIV/AIDS and other threats.

47: We recommend that DFAIT advocate for and support the integration of HIV/AIDS awareness, prevention and care programs into post-conflict initiatives and humanitarian interventions in which Canada is involved as a sponsor, funder or participant.

48: We recommend that DFAIT, in cooperation with CIDA and Finance Canada, work to ensure that the United Nations operational agencies involved in post-conflict and humanitarian work have adequate resources to enable them to play an effective role in the response to HIV/AIDS.

6.3 Food Security

Safe sex is no match for an empty stomach.

– BBC World documentary on the relationship between HIV/AIDS and food security

As HIV infection rates continue to escalate around the world – particularly in countries with large rural populations and widespread small-scale agriculture – the epidemic is having a significant impact on food security and nutrition, thus creating a deadly cycle. For example:

- HIV/AIDS typically strikes the household's most productive members first. When these people become ill, there is an immediate strain on the family's ability to work, feed themselves and provide care.
- As the disease progresses, it can become even harder for a family to cope, especially as resources are drained and poverty advances. For example, valuable assets, such as livestock and tools, may need to be sold in order to pay for food and medical expenses.
- Without food or income, some family members may migrate in search of work, increasing their chances of contracting HIV – and bringing it back home. For others, commercial sex may be their only option to feed and support their family.
- Food insecurity also leads to malnutrition, which can aggravate and accelerate the development of AIDS. Likewise, the disease itself can contribute to malnutrition by reducing appetite, interfering with nutrient absorption and making additional demands on the body's nutritional status.[12]

In the six countries most affected by the current food crisis in southern Africa – Zimbabwe, Malawi, Zambia, Lesotho, Swaziland and Mozambique – about 15 million people are in need of food assistance.[13] These are all countries with very high rates of HIV infection.

Given the two-way linkages between HIV/AIDS and food insecurity, a food security response to the epidemic, linking short- and long-term interventions, is imperative. Such a response needs to address food production, food access and nutritional aspects. If designed with an HIV/AIDS lens and complemented with HIV-specific interventions, food security policies and programs can contribute to preventing the spread of HIV infection and to mitigating the impact of the epidemic. Governments and donors need to adopt a long-term, development-oriented approach in addressing the effects of HIV/AIDS on food security, rather than merely a disaster relief approach. In particular, governments, international agencies and donors need to ensure a balance in funding short-term, food-based responses and longer-term, non-food based interventions.[14]

The Food and Agriculture Organizations of the United Nations (FAO) is producing guidelines for the integration of HIV/AIDS objectives and strategies into food security programs. The FAO is also helping to bring more-immediate measures to affected countries, including labour-saving practices such as cultivating crops that require less tilling, and conservation farming, a low-cost method that protects against land degradation by using less water and fertilizer.[15]

The FAO has proposed the following actions to break the cycle of HIV/AIDS and food insecurity:

- Raise awareness among the public and political leaders about the impact of HIV/AIDS on food security and nutrition, and what needs to be done.
- Secure high-level political commitment to act vigorously.
- Adjust existing policies and programs to (a) review development and emergency strategies using an HIV/AIDS lens; and to (b) incorporate food security and nutrition in HIV/AIDS interventions.
- Ensure that nutritional care is provided to people living with HIV/AIDS to enable them to lead longer, healthier, more productive lives.
- Improve food security among the most vulnerable groups to promote better nutrition and prevent the spread of HIV.

DFAIT can contribute to attempts to address these issues by raising awareness about the impact of HIV/AIDS on food security and nutrition. DFAIT should also raise awareness of the impact of food insecurity on people living with HIV/AIDS. Finally, DFAIT should support initiatives that address these impacts.

Recommendation:

49: We recommend that in its bilateral and multilateral relations, DFAIT raise awareness about the impact of HIV/AIDS on food security and nutrition, and about the impact of food insecurity on people living with HIV/AIDS, and support the initiatives of multilateral agencies and NGOs to respond to these challenges.

6.4 Governance

The Standing Committee on Foreign Affairs and International Trade underlined the importance of good governance; the need to support efforts to build democratic institutions and practices, governance capacity, and effective and independent legal systems; and the need to promote human rights, including the rights of women and children. Its report states that "the meaning of good governance must include social aspects and democratic principles, and should not be reduced to economic management and facilitating private sector development and foreign investment." The report also says that the overall objectives of sustainable development should ensure that "essential public goods and services must be made available to all Africans, rich and poor, rural and urban."[16] These objectives cannot be met without strengthening government capacity in sub-Saharan Africa.

Governments in countries most-seriously affected by HIV/AIDS are under considerable stress. Increasingly, studies of HIV/AIDS impacts make references to "state failure." Staff absence due to ill health, together with the non-replacement of staff who die, leave gaps in the functioning of ministries and departments.[17] For instance, a recent study of three central agencies in Swaziland (the Ministries of Finance, Economic Planning and Development, and Public Service and Information), indicates that "solely as a result of HIV/AIDS the three ministries will lose 32 percent of their staff complement" over a twenty-year period. The impact of other costs, such as pensions, sick and compassionate leave and training, will also escalate. In education, for Swaziland to come up with the number of teachers it needs for the period 1999-2016 will require training 13,000 people, instead of the 5,093 who would have had to be trained in normal circumstances. The additional training costs are estimated at US$440 million.[18] The concentration of infection among young people with a full work-life potentially ahead of them, the additional burden of orphans, the general sense of fatalism and unpredictability that may characterize public attitudes – all these things reinforce the stress on public institutions.

A very recent impact study by the United Nations Population Fund notes that until recently, governments and business leaders have been slow to respond to the weakening of their own capacity and to civil society advocacy, "in part because of the denial by the leaders that HIV/AIDS is of concern to them, their organizations or their countries."[19]

There is evidence that this situation is changing. The interaction between African leaders and leading donors in the G8, and the emergence of the G8 Africa Action Plan, have resulted in a commitment by the donors to "strengthening institutions and governance," as well as to promote human rights.[20] In February 2003, a Commission for HIV/AIDS and Governance in Africa, based in the UN Economic Commission for Africa, was convened by UN Secretary-General Kofi Annan. The 20-member Commission is mandated to provide advice and analysis for African policy makers as they deal with the long-term development challenges of HIV/AIDS, policy and program development and the marshalling of adequate and sustained resources to support policies and programs. The creation of the Commission demonstrates recognition of the need for "a deeper understanding of the relationship between HIV/AIDS and the state capacity to maintain economic, social and political stability despite high prevalence levels." The Commission is primarily geared to providing research on four issues: (a) the impact of HIV/AIDS on macroeconomic indicators and economic policies; (b) the impact of HIV/AIDS at

household level; (c) the challenge of scaling up treatment; and (d) the impact of HIV/AIDS on state capacity including service provision and the security sector.[21]

The essential first step in ensuring continued governance capacity is to prolong and save lives, a central part of the leadership strategy recommended in this report. Supplementary initiatives are suggested by the case of Uganda, where studies indicate that behavioural change leading to reduced infection is possible. One study identified two elements that were essential to the success of the Ugandan response:

- a combination of community and political leadership, including an emphasis on community-based, face-to-face communication, and the use of a strong network of non-governmental organizations committed to the cause; and
- the empowerment of women and girls – female condom use virtually trebled among women and increased from 16 percent to 40 percent between 1995 and 2000 among men.[22]

Political leadership at a high level in Uganda was a major factor in these successes. The creation of a multi-sectoral Uganda AIDS Commission and a National Operational Plan encouraged the establishment of AIDS control programs in various ministries, so that by 2001 there were at least 700 governmental and non-governmental agencies working on HIV/AIDS reaching into all districts in Uganda. Nevertheless, a great deal remains to be done. in Uganda. The abuse of women, including women being forced to have sex with their husbands, continues to be widespread. Discrimination and repression against homosexuals, sanctioned at the highest levels, continues.[23] These problems are also occurring in other countries in the region. Addressing them will require stronger government leadership.

The Uganda case illustrates an approach in which increased and coordinated government initiatives against HIV/AIDS led to a contemporary situation where the threat of infection, and thus of weakened government, is significantly reduced. It also illustrates, as do elements of official policy in Zimbabwe and Namibia, the continued urgency of strengthening governmental leadership in the defence of human rights and the eradication of discrimination and persecution.

Further steps involve the strengthening of public institutions and governmental capacity, the encouragement of democratic practices, and the promotion of human rights. The erosion of state capacities must be reversed. Donor support is key. Resource provision and a commitment to strengthening public services and public administration, as well as human resource planning and provision of training, must all be elements of the donor response. Canada has provided more than CAN$40 million for capacity building at national and municipal levels and the strengthening of parliaments.[24] This type of contribution should be sustained and expanded.

With a view to implementing an effective strategy against HIV/AIDS, emphasis should be placed on strengthening public service delivery capacity in education, health systems, clean water and sanitation, in addition to the legislative, judicial and human rights dimensions of government. Strengthening governmental capacity for policy research and planning should also be a priority.[25]

Finally, levels of resource provision for capacity-building and training as well as other elements of governance support will have to be significantly increased to meet the public service replacement needs created by HIV/AIDS.

Recommendations:

50: We recommend that DFAIT, through its bilateral relations and its relations with African regional organizations, including the African Union and the New Partnership for Africa's Development (NEPAD) initiative, support the further development of national strategies for HIV/AIDS that address the need to sustain and strengthen the capacity of government and the public provision of services, that are based on effective community-level engagement, and that embody implementation of a human rights approach to the disease; and that DFAIT encourage the exchange and study of "best cases," and champion increased resources for the implementation of these strategies.

51: We recommend that DFAIT, in collaboration with the Canadian International Development Agency and Human Resources Development Canada, undertake an assessment of how and where Canada might most effectively reinforce public service human resource training in countries most seriously affected by HIV/AIDS illness and death among public employees.

6.5 Sharing and Promoting Best Practices

DFAIT can play a role in promoting best practices in the global response to HIV/AIDS and in helping Canadians to share their best practices with people in other countries.

Harm reduction

Injection drug use is a major component of the global spread of HIV, particularly in Eastern Europe, Central Asia and parts of the Asia/Pacific region. Traditional approaches to drug use, based on tough law-enforcement measures and an abstinence model for drug treatment programs, have not been effective in combating HIV/AIDS. Nor are they respectful of the rights of injection drugs users. Many experts also argue that these approaches have not even been effective in reducing drug use.

Harm reduction strategies, on the other hand, have proven effective in reducing the spread of HIV among injection drug users and in improving their health. Harm reduction strategies attempt to reduce the specific harms associated with using drugs without requiring abstinence from all drug use. Thus, they seek to reduce the likelihood that drug users will contract or spread HIV, hepatitis and other infections, overdose on drugs of unknown potency or purity, or otherwise harm themselves or other members of the public. They are based upon a hierarchy of goals, and stress short-term, achievable, pragmatic objectives rather than long-term, idealistic goals.[26]

Examples of harm reduction strategies are needle exchange programs and supervised injection sites. Canada has had some very positive experiences with needle exchange programs and has recently authorized, on a trial basis, the establishment of two supervised injection sites. Therefore, Canada is well positioned to champion the use of harm reduction strategies by other countries and to share with them the results of the Canadian experience in this area.

Other best practices

There are other aspects of the Canadian response to HIV/AIDS that are laudable and that could be shared. One example is the provision of comprehensive treatment information to people living with HIV/AIDS and their caregivers. Another example is the participation of civil society and people living with HIV/AIDS in the development and implementation of the Canadian Strategy on HIV/AIDS.

Recommendations:

52: We recommend that in its bilateral and multilateral relations, DFAIT champion the use of harm reduction strategies to address HIV/AIDS among injection drug users.

53: We recommend that in its bilateral and multilateral relations, DFAIT identify opportunities and facilitate efforts to share Canadian best practices on HIV/AIDS with people in other countries.

6.6 Research

Research in all of its forms, including basic science, clinical science, behavioural research, operational research and evaluation research, is an essential component of the fight against HIV/AIDS. The UNGASS Declaration of Commitment on HIV/AIDS commits UN member states to:

- increasing investment in, and accelerating research on, the development of HIV vaccines;
- accelerating access to prevention, care and treatment technologies for HIV/AIDS (including treatments for HIV infection, vaccines and microbicides);
- supporting and encouraging the development of national and international research infrastructures; and
- strengthening international and regional cooperation with respect to research.[27]

Although much of the research is conducted in a domestic context, there are some international research efforts, particularly with respect to vaccines and microbicides. For example:

- **International AIDS Vaccine Initiative (IAVI).** IAVI is a global organization working to accelerate the development and distribution of preventive AIDS vaccines. IAVI invests directly in research projects, including innovative vaccine development partnerships, which bring together researchers and scientists in industrialized and developing countries in an effort to move promising vaccine candidates toward clinical testing. Some of these vaccine development partnerships involve industry, government and civil society. One such partnership involves researchers at the University of Nairobi, the University of Oxford, and two private sector pharmaceutical companies, as well as government and civil society partners in Kenya and the United Kingdom. In 2002, CIDA contributed CAN$50 million to IAVI.[28]

- **HIV Vaccine Initiative (HVI).** The mission of HVI, a joint project of the World Health Organization (WHO) and UNAIDS, is to promote the development, facilitate the evaluation, and address the future availability of, preventive HIV vaccines, with a focus on the needs of developing countries.[29]

- **International Partnership for Microbicides (IPM).** The mission of the IPM is to accelerate the discovery, development and accessibility of microbicides to prevent transmission of HIV. The IPM aims to increase the efficiency of the development and delivery of a microbicide by expanding the breadth and level of public and private sector funding; identifying critical gaps in research and development, access, and advocacy; leveraging partnerships with both new and existing public and private players; and helping to raise awareness of microbicides worldwide.[30]

- **International Working Group on Microbicides (IWGM).** The IWGM is a group of experts who operate as an influential network. It was established in 1994, with initial support from the World Health Organization, to ensure closer coordination of a number of separate research programs. The role of the IWGM is to facilitate the development and approval of safe, effective, affordable and acceptable microbicides. The IWGM's

membership is global and includes individual members from 21 governmental and non-governmental organizations, from both the North and the South. The IWGM provides a mechanism for the independent expert assessments of significant issues.[31]

- **The Population Council.** The Population Council is an international, non profit, NGO with staff in 18 developing countries, whose mission is to improve the well-being and reproductive health of current and future generations. The Council has developed a candidate microbicide, which is presently in trials in South Africa and Thailand. It also administers and participates as a research partner in the Microbicides Basic Science Network.[32]

Canada should be contributing more to international HIV vaccine and microbicide efforts. DFAIT can help to promote these international research efforts through its bilateral and multilateral relationships.

An international workshop on strategies for providing HIV/AIDS treatments in resource-poor settings, held recently in the Netherlands, identified a number of operational research needs, including:

- determining an appropriate CD4 count for initiating treatment in asymptomatic patients;
- evaluating the safety and efficacy of antiretroviral therapies for the prevention of HIV infection in, and for the treatment of, breast-feeding women and their infants;
- determining the best methodology for identifying tuberculosis in HIV co-infected patients; and
- evaluating the effectiveness of current adherence support programs.[33]

There is a also a particular need for more research on simplified treatment regimens for use in resource-poor settings. DFAIT should support research initiatives designed to address these and other needs related to efforts to scale up the provision of antiretroviral therapies in developing countries.

There are several international NGOs doing advocacy work to promote accelerated access to HIV vaccines, microbicides and treatments, including the AIDS Vaccine Advocacy Coalition, Médecins Sans Frontières, and the International Council of AIDS Service Organizations. The efforts of these organizations deserve support.

Several countries have developed national plans to promote the development and availability of vaccines, microbicides and HIV treatments. For example, Brazil has a National Vaccine Plan, a Microbicide Plan and an AIDS Drug Policy. Thailand has a National Plan for HIV/AIDS Vaccine Development. Uganda has produced a Guidance Document for HIV/AIDS Research, Development and Evaluation for Uganda. DFAIT should promote the development of national plans to accelerate research and development of HIV vaccines, microbicides and treatments.

Recommendations:

54: We recommend that Canada, in addition to strengthening support for Canadian HIV-related research, including through developing a national HIV

vaccine plan and strengthening research into microbicides, increase its contribution to international HIV vaccine and microbicide research efforts; and that DFAIT advocate for this to happen.

55: We recommend that DFAIT, through its bilateral and multilateral relations, promote international HIV vaccine and microbicide research efforts.

56. We recommend that DFAIT, through its bilateral and multilateral relations, promote international research initiatives designed to assist efforts to scale up the provision of HIV/AIDS treatments in resource-poor settings, including, in particular, research on simplified treatment regimens.

57: We recommend that DFAIT, through its bilateral and multilateral relations, promote the advocacy work of international NGOs to accelerate access to HIV vaccines, microbicides and treatments.

58: We recommend that DFAIT, through its bilateral and multilateral relations, promote the development of national plans to accelerate research and development of HIV vaccines, microbicides and treatments.

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[17] UNFPA. The Impact. 2003: p.54. UNFPA notes that in the case of Malawi's Ministry of Agriculture and Irrigation, a quarter to a half of all technical and professional positions were vacant in 1996 and the vacancy rate in almost all categories had grown by 2000.
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SECTION 7.0
CANADIAN BUSINESSES OPERATING ABROAD

This section discusses the impact of HIV/AIDS on businesses in countries with a high prevalence of HIV. It describes the response of business organizations and individual companies, including some Canadian companies, and discusses how corporate responsibility extends beyond purely bottom-line considerations. The section then discusses the issue of providing HIV-related medications to employees living with HIV/AIDS.

> **No business is immune from AIDS... [T]he private sector is...in a unique position to respond to the epidemic because of its contacts with employees and the wider business community, and the wealth of experience and skills it has accumulated... [T]here is much that businesses can do, and the benefits of action go well beyond the workplace.**
>
> – Peter Piot and James Wolfensohn[1]

Impact of HIV/AIDS on business

In countries with a high prevalence of HIV, the disease has affected the business climate, the workforce and productivity. Thus, HIV/AIDS is very much a bottom-line issue for businesses operating in these countries. The effects of HIV/AIDS are evident at the macroeconomic level and at the level of individual companies.

At the macroeconomic level, HIV/AIDS causes reduced earnings, higher health care costs and premature deaths. This results in reduced savings rates and reduced disposable income. This leads, in turn, to reductions in the market size for business, particularly in markets outside the basic necessities of food, housing and energy; to reductions in the resources available for production and investment; and, ultimately, to declining economic growth.[2]

For individual companies, HIV/AIDS leads to declining productivity, as a result of increased absenteeism, increasing staff turnover, loss of skills, loss of knowledge and declining morale. It also leads to increased costs, due to increased demands for training and recruitment; and to increased payouts for insurance, retirement, health care and, in some cases, funeral costs. Studies in east Africa and Zimbabwe have shown that absenteeism accounts for up to 54 percent of AIDS-related company costs.[3]

In some sectors, such as the mining industry, where employees often work long distances from their home villages, there are even higher rates of HIV infection in the workforce than in the general population. In southern Africa, nearly three percent of the mining workforce becomes incapacitated each month due to HIV/AIDS.[4]

The business response

Given the impact of HIV/AIDS in high prevalence countries, it is clearly in the companies' own self-interest to develop and implement comprehensive workplace HIV/AIDS programs. But even in countries with lower prevalence rates, companies should be implementing such programs. The

struggle against AIDS has taught us that inaction and complacency can have very negative consequences. Low prevalence rates, if left unchecked, rapidly become high infection rates with consequent social and economic costs.[5]

Fortunately, some businesses have responded and there are now a variety of organizations and resources that companies can turn to for advice in this area. For example:

- **The Global Business Coalition on HIV/AIDS (GBC).** The GBC is an alliance of international businesses dedicated to combating HIV/AIDS.
- **The Global Health Initiative (GHI).** The mission of the GHI, which was established by the World Economic Forum, is to increase the quantity and quality of business programs fighting HIV/AIDS, tuberculosis and malaria. The GHI website contains case studies of companies that have implemented significant HIV/AIDS workplace initiatives.
- **The Canadian Alliance for Business in South Africa (CABSA).** The CABSA has commissioned a study on HIV/AIDS and is interested in doing more work in this area.

More information on these organizations can be found in the Appendix.

The International Affairs Directorate of Health Canada has published *Enhancing Canadian Business Involvement in the Global Response to HIV/AIDS*, which describes how businesses have responded globally and at the individual company level. The GBC, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Prince of Wales Business Leaders Forum have issued *The Business Response to HIV/AIDS: Impact and Lessons Learned*, which is a comprehensive guide on how businesses should be responding, complete with case studies. The GHI, the International Labour Organization (ILO) and UNAIDS have collaborated to produce workplace reference menus (*Action Against AIDS in the Workplace*) for both Africa and Asia-Pacific. The menus include tools for assessing the impact of HIV/AIDS on a company. The ILO has also published *The ILO Code of Practice on HIV/AIDS and the World of Work*. More information on these and other relevant publications can be found in the Appendix.

The ILO Code should be considered the minimum standard for businesses. It requires, among other things:

- that employers ensure a safe and healthy working environment;
- that employers consult with workers and their representatives to develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS;
- that employers initiate and support programs at their workplaces to inform, educate and train workers about HIV/AIDS prevention, care and support and the enterprise's policy on HIV/AIDS, including measures to reduce discrimination against people infected or affected by HIV/AIDS and specific staff benefits and entitlements;
- that employers not engage in nor permit any personnel policy or practice that discriminates against workers infected with or affected by HIV/AIDS;
- that employers not require HIV/AIDS screening or testing;
- that HIV/AIDS-related information of workers be kept strictly confidential and kept only on medical files; that access to such information be strictly limited to medical personnel; and that such information only be disclosed if legally required or with the consent of the person concerned;

- that employers, in consultation with the workers and their representatives, take measures to reasonably accommodate workers with AIDS-related illnesses. These measures could include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements; and
- that employers, workers and their representatives encourage support for, and access to, confidential voluntary counselling and testing provided by qualified health services.

DFAIT should promote the *ILO Code* among Canadian businesses operating abroad. DFAIT should also publish an annual report based on information from the companies on progress in implementing the principles and policies embodied in the *ILO Code.*

The response of Canadian companies

Some Canadian companies operating abroad are among the businesses that have taken steps to address HIV/AIDS. Molson, one of the companies profiled in the *Business Response* publication cited above, reports that it has supported HIV/AIDS awareness since the mid-1980s through corporate giving and the use of marketing campaigns. In Canada, according to the company's website, Molson is the National Founding Sponsor of AIDS Walk Canada, which is the major fundraiser for AIDS research and care; and it provides support to the AIDS Committee of Toronto**,** BC Persons with AIDS, and the Farha Foundation in Montreal for their annual AIDS Walks and other fundraising initiatives.[6]

Barrick Gold Corporation, one of the case studies listed on the GHI website, reports that it has established a workplace and community HIV/AIDS program through a wholly-owned subsidiary, Kahoma Mining Corporation, which operates a mine in Tanzania. Barrick says that the program includes support for affordable housing for miners and their families, free condom distribution, syndromic management of sexually transmitted infections, voluntary HIV testing and counselling, and the use of community health educators to do prevention education.

Placer Dome Inc. reports that it has implemented a comprehensive HIV/AIDS workplace policy in the South Deep Mine in South Africa, which it operates in a joint venture with Western Areas Limited. As well, because many of its workers were becoming ill and returning to their villages where there is virtually no infrastructure to care for them, Placer Dome says that it has partnered with the Employment Bureau of South Africa to implement a Home-Based Care Program for terminally ill workers with AIDS. Partial funding for this program is coming from the Canadian International Development Agency. According to Placer Dome, the program provides locally manufactured medicines and dietary supplements to incapacitated workers; and training for families to enable them to care for the sick workers and to practice proper sanitary procedures in order to prevent the spread of the disease.[7]

These are important first steps. These companies should now ensure that that they follow through on the initiatives they have undertaken or announced, and that they implement comprehensive measures to protect employees living with HIV/AIDS against discrimination, to extend treatment to these employees (see below) and to provide quality HIV prevention and education programs.

The Canadian companies that have responded to HIV/AIDS may be amenable to mentoring Canadian companies that are operating in Africa (or elsewhere) and that are looking for guidance in this area. DFAIT should consider establishing a formal mentoring program. DFAIT can also assist Canadian companies looking for guidance by encouraging them to join the Global Business Coalition on HIV/AIDS, and by referring them to other business organizations and to publications dealing with HIV/AIDS and workplace issues.

Corporate responsibility

The impact of HIV/AIDS, particularly in high prevalence areas, is such that many companies are motivated to adopt workplace HIV/AIDS programs for purely bottom-line reasons. There are other pressures as well, pressures for companies to be more responsible and accountable to their wider stakeholders – workforces, suppliers, communities, governments and the general public.[8]

The Organisation for Economic Cooperation and Development says in its Guidelines for Multinational Enterprises that enterprises should:

- contribute to economic, social and environmental progress with a view to achieving sustainable development; and
- respect the human rights of those affected by their activities consistent with the host government's international obligations and commitments.[9]

The United Nations Sub-Commission for the Promotion and Protection of Human Rights adopted draft norms on the responsibilities of corporations with respect to human rights on 13 August 2003.[10] These norms, which would apply to the whole range of business enterprises and not just to multinational corporations, will be considered by the UN Commission for Human Rights at its 2004 session. The draft norms state that companies should be required to abide by basic human rights standards. They also say that:

> States have the primary responsibility to promote, secure the fulfilment of, respect, ensure respect of and protect human rights recognized in international as well as national law, including ensuring that transnational corporations and other business enterprises respect human rights. Within their respective spheres of activity and influence, transnational corporations and other business enterprises have the obligation to promote, secure the fulfilment of, respect, ensure respect of and protect human rights recognized in international as well as national law.[11]

and that

> Transnational corporations and other business enterprises shall respect civil, cultural, economic, political and social rights and contribute to their realization, in particular the rights to development, adequate food and drinking water, the highest attainable standard of physical and mental health, adequate housing, privacy, education, freedom of thought, conscience, and religion and freedom of opinion and expression, and shall refrain from actions which obstruct or impede the realization of those rights.[12]

DFAIT should champion the adoption of these draft norms when they are discussed by the Commission, and its sub-committees and working groups, at upcoming meetings.

Provision of antiretroviral therapies and other HIV-related treatments

Providing full access to antiretroviral therapies and other HIV-related treatments to people who need them should be the responsibility of the state. Unfortunately, many developing country governments are unable or unwilling to provide such access, due mainly to the high costs of the medications.

Several multinational companies operating in Africa report that they are providing antiretroviral therapies free of charge to their employees. The list includes AngloGold Ltd., Coca-Cola Co., IBM, Anglo American PLC and De Beers Consolidated Mines Ltd. These companies have said that such a step is a key part of a comprehensive strategy to fight HIV/AIDS, and that it makes financial sense. AngloGold said in 2002 that an estimated one-third of its 44,000 South African workers were infected with HIV. It said that its drug program was expected to add US$3-7 an ounce to the company's cost of production, but that the cost of doing nothing was about US$9 an ounce. Recently the Coca-Cola Africa Foundation announced that all 40 of its independent bottling companies in Africa have enrolled in a program to provide antiretroviral therapies to their employees. Two Canadian companies, Placer Dome and Barrick Gold, are considering providing antiretroviral therapies to employees of their African mines.[13]

Some non-governmental organizations operating in Africa, including the International HIV/AIDS Alliance and CARE Zambia, are providing antiretroviral therapy and other HIV-related treatments free of charge to employees living with HIV/AIDS and their dependents.

In countries where people living with HIV/AIDS are unable to access antiretroviral therapies and other HIV-related treatments, DFAIT should encourage Canadian companies to provide these medications free of charge to their employees. DFAIT should also work with the governments of these countries to find ways to get these medications people in the communities where the companies are located. As well, DFAIT should work with these same governments to develop national policies and programs that will make these medications accessible to all citizens who need them.

Recommendations:

59: We recommend that DFAIT assist Canadian companies operating in Africa and in other countries to develop expertise on HIV/AIDS workplace policy and programming by:

- **encouraging Canadian companies to join the Global Business Coalition on HIV/AIDS;**
- **encouraging Canadian companies that are seeking guidance in this area to consult business organizations with expertise on HIV/AIDS workplace issues,[14] as well as existing publications on the development of workplace policies and programs;[15]**

- **encouraging Canadian companies that are seeking guidance to approach other Canadian companies that have some experience in this area; and**
- **exploring with Canadian companies that have some experience in this area the possibility of setting up formal mentoring programs for companies seeking guidance.**

60: We recommend that DFAIT promote with Canadian companies operating in Africa and elsewhere the adoption as a minimum standard for their HIV/AIDS workplace policies the principles and policies contained in the International Labour Organization's *ILO Code of Practice on HIV/AIDS and the World of Work;* and that DFAIT publish an annual report based on information from the companies on progress in implementing these principles and policies.

61: With respect to countries where people living with HIV/AIDS are unable to access antiretroviral therapies and other HIV-related treatments, we recommend that DFAIT encourage Canadian companies to (a) provide these medications free of charge to their employees; (b) work with the governments of these countries to find ways to make these medications accessible to people in the communities where the companies are located; and (c) work with the governments of these countries to develop national policies and programs designed to make these medications accessible to all people who need them in each country.

62: We recommend that at upcoming meetings of the United Nations Commission on Human Rights, and its sub-committees and working groups, DFAIT champion the adoption of the Draft Norms on the Responsibilities of Transnational Corporations and Other Business Enterprises with Regard to Human Rights.

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[1] Global Business Coalition on HIV/AIDS, Joint United Nations Programme on HIV.AIDS, Prince of Wales Business Leaders Forum. The Business Response to HIV/AIDS: Impact and Lessons Learned. (Geneva and London 2002): p. 13. www.businessfightsaids.org/pdf/Impacts.pdf.

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[4] When condoms aren't enough: The Home-Based Care program in Southern Africa. *Share* (World Bank staff magazine). Spring 2003.

[5] Global Business Coalition. The Business. 2002: p. 17.

[6] Molson website at www.molson.com/en/community/donation/index.php?sec=5&com=3&mdf=1. Accessed 21 August 2003.

[7] Supra, note 3. For more information on Placer Dome's HIV/AIDS program, consult the website of the Global Business Coalition on HIV/AIDS at www.businessfightsaids.org/wpp_popup.asp?CompanyID=86. Accessed 19 August 2003. Or contact Phillip Von Wielligh, Manager, Sustainable Development, Placer Dome Western Areas Joint Venture, P.O. Box 57, Westonaria 1780, South Africa, Mobile Tel.: +27 (83) 655 2537, Email: pavwiell@southdeep.co.za.

[8] Global Business Coalition. The Business. 2002: p. 19.

[9] OECD. OECD Guidelines for Multinational Enterprises (Revision 2000). (France, 2000): p 19. www.oecd.org/dataoecd/56/36/1922428.pdf. Accessed 20 August 2003.

[10] United Nations. ECOSOC. Commission on Human Rights. Draft Norms on the Responsibilities of Transnational Corporations and Other Business Enterprises with Regard to Human Rights. Prepared by the Working Group on the Working Methods and Activities of Transnational Corporations, Sub-Commission on the Promotion and Protection of Human Rights. 30 May 2003: Paragraph 1, p. 4. www.unhchr.ch/pdf/55sub/12AV.pdf. Accessed 23 August 2003. The draft norms were adopted by the Sub-Commission in August 2003. They will be presented to the Commission for approval in March 2004. The draft Norms apply principles developed in the Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, discussed in Section 5.2 (Promoting Human Rights).
[11] United Nations. ECOSOC. Commission on Human Rights. Draft Norms. 2003: Paragraph 1, p. 4.
[12] Ibid: Paragraph 12, p. 6.
[13] Stueck, W. Miners mull supplying HIV-AIDS drugs. *Globe and Mail*. 18 February 2003.
[14] See the list of organizations in the Appendix.
[15] See the list of publications in the Appendix.

SECTION 8.0
CONCLUSION

This report puts forward a case for Canadian leadership in the international response to HIV/AIDS. It argues that Canada is well-placed to demonstrate leadership and voice. It looks forward to the development of a comprehensive international strategy. It calls for enhanced leadership by DFAIT in international theatres, but also in engaging the full cooperation of other relevant departments and agencies in Canada

In line with the request for the report, the focus is on Africa, specifically sub-Saharan Africa Although there are distinct signs of hope in Africa, the epidemic has not reached a plateau in many of the most seriously-affected countries. Furthermore, a recent World Bank study on the long-run economic costs of AIDS in South Africa indicates that the country, a leader and a key economy in Africa as a whole, is threatened with progressive economic collapse.[1] As the World Bank study attests: "What are the lessons for public policy? Where the prevalence rate is still low...it is of the utmost importance to contain the disease at once: for the economic system as well as for individuals, an ounce of prevention is worth far more than a pound of cure."[2] In situations like that of South Africa or of countries with fewer resources, the study admits that the answers are much more complex and will "require a large and determined fiscal effort."[3]

However, the extent of support for such a large fiscal effort remains inadequate, tragically low. The urgent need for a massive scaling-up of the response, including multiplying the resources, is clear. As Stephen Lewis, United Nations Special Envoy for HIV/AIDS for Africa, states, "The question of resources remains central to everything else, and I have no illusions that that struggle over money is yet joined."[4]

With the prices of HIV-related medications finally dropping to the point where they may become affordable for national governments (with assistance from donors), a massive scaling up of access to treatment is a concrete possibility. Affordability is essentially a question for donor nations because for the majority of the most seriously affected, unless treatment is provided free of charge it will not be accessible. The reinforcement of public health systems to make treatment sustainable and to simultaneously strengthen prevention and care services is similarly possible, given adequate resources.

The failure to rapidly remove legal obstacles to affordable access to medicines, including generics, in the light of claims of the right to health and the right to life, is a failure of global governance, not merely a difficulty with trade negotiations. Action is overdue to make effective the claims of human rights, particularly the right to health, upon trade and intellectual property policies and agreements.

The engagement of community-level resources, and the participation of the most-seriously affected and of other elements of civil society in mobilizing response and in developing appropriate policies, priorities and legislation, whether nationally or multilaterally, is essential to success.

By these means the stress on governance and the cycle of infection-insecurity-conflict-transmission may be reduced.

Africa is most seriously affected. The response to HIV/AIDS in Africa has an immediate priority in humanitarian, economic and security terms. But the "arc of infection" is not, by any means restricted to Africa. Eastern Europe and Central Asia have sharply escalating rates of infection. China, India and Russia could soon have epidemics that will see greater numbers of HIV infections than we have witnessed in Africa. Thus, as the World Bank study attests, in the countries that have a relatively low HIV prevalence rate, but an increasing HIV incidence rate, action must be taken now to contain and reverse the contagion.

Again, the situation is not all bleak. The Brazilian initiative in treatment is a beacon of hope, as are an increasing number of responses of governments in Africa and Asia. The development of a strategy for support of prevention as well as care and treatment in areas of greatest risk should be part of the ongoing development of Canadian leadership in confronting the epidemic.

Canada and Canadians will be unable to sustain the sort of high-intensity response to the global challenge of HIV/AIDS without a clear sense of the shared risk of living in a globalized world, and the necessity of shared responses for shared survival. In the words of Tony Barnett, a leading academic in development studies with extensive expertise in HIV and development issues, "We cannot act as though we were inhabitants of a medieval city-state and exclude those who are sick and/or poor. There is no longer any quarantine, we cannot avoid contagion." [5]

For the moment, there is no greater argument than that of simple human decency put forward by Stephen Lewis, who said:

> **"What is wrong with the world? People are dying in numbers that are the stuff of science fiction. Millions of human beings are at risk. Communities, families, mothers, father, children are like shards of humanity caught in a maelstrom of destruction. They're flesh and blood human beings, for God's sake; is that not enough to ignite the conscience of the world?"**[6]

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[1] Stephen Lewis commented as follows on the World Bank study: "What it says about the prospects for South Africa is nothing less than apocalyptic. I remind you that the Bank is given to sober appraisal…For the Bank to predict the possibility of a failed state of South Africa within three generations, based on the socio-economic fall-out from HIV?AIDS, is astonishingly uncharacteristic. It must therefore be taken seriously." From Lewis, Speech. 3 August 2003: p. 10.
[2] Bell. The Long-run. 2003: p. 95.
[3] Ibid.
[4] Lewis. Speech. 2003: p. 11.
[5] Barnett. What can. 2002: p. 16.
[6] Lewis. Speech. 2003: p. 10.

Appendix
Business Organizations and Resources

This appendix contains: (a) a list of international organizations that have experience with HIV/AIDS workplace issue; and (b) a list of resources on how businesses and business organizations have confronted AIDS.

Organizations

Global Business Coalition on HIV/AIDS (GBC)
The GBC is an alliance of international businesses dedicated to combating the HIV/AIDS epidemic through the business sector's unique skills and expertise. Its mission is to increase significantly the number of companies committed to tackling HIV/AIDS, and to making business a valued partner in the global efforts against the epidemic. One of the goals of the GBC is to increase the range and quality of business sector AIDS programs – both in the workplace and in the broader community. The GBC identifies new opportunities for businesses, supports the development of AIDS strategies by individual companies and encourages governments, the international community and the non-governmental sector to partner with the business sector.
Website: www.businessfightsaids.org/

Global Health Initiative of the World Economic Forum (GHI)
The World Economic Forum is funded by contributions from 1,000 of the world's leading companies. The Forum established the GHI, whose mission is to increase the quantity and quality of business programs fighting HIV/AIDS, tuberculosis and malaria. The GHI website contains a number of resources, including some case studies. At the time of writing, the website's featured case study was IBM South Africa's Response to HIV/AIDS. Other companies profiled through case studies include Barrick Gold, Daimler Chrysler, Chevron Texaco, BMW and AngloGold.
Website: www.weforum.org/site/homepublic.nsf/Content/Global+Health+Initiative

The Canadian Alliance for Business in South Africa (CABSA)
The CABSA is a public and private partnership program of the Canadian Manufacturers & Exporters and is supported by funding from the Canadian Government and the Canadian International Development Agency's Industrial Co-operation Program (CIDA INC). The CABSA's objective is to promote long-term strategic alliances between Canadian and South African firms. These alliances are typically in the form of joint ventures, which involve the transfer of Canadian technology, expertise and/or capital. The CABSA has been operating for seven years with offices in Johannesburg and Toronto. The CABSA has commissioned a paper on HIV/AIDS and business in South Africa (see below). Other than that, the CABSA has not undertaken any AIDS-specific initiatives. Contact information for the CABSA is as follows:

- Nola Kianza, CABSA Project Manager, Tel.: 905-568-8300 x277, Email: nola.kianza@cme-mec.ca
- Deborah Turnbull, Project Director and Vice President International, Canadian Manufacturers & Exporters, Email: deborah.turnbull@cme-mec.ca
- Ronelle Dinsmore, CABSA Project Director, South Africa Office, dinsmore@mweb.co.za

Website: www.cabsa.net

Resources

Brookings Institution. *The Economic Impact of HIV/AIDS in Southern Africa (Conference Report No. 9).* September 2001. Available on the Brookings website at www.brookings.edu/dybdocroot/comm/conferencereport/cr09.pdf.

This publication summarizes the findings of a conference organized in June 2001 by the Brookings Institution, the Council on Foreign Relations, and the U.S. Agency for International Development.

Global Business Coalition on HIV/AIDS, Joint United Nations Programme on HIV/AIDS, Prince of Wales Business Leaders Forum. *The Business Response to HIV/AIDS: Impact and Lessons Learned.* 2000. Available on the GBC website at www.businessfightsaids.org/pdf/Impacts.pdf.

This publication is designed to provide assistance to business and associated partners in recognizing the business case for further action against HIV/AIDS in the workplace and beyond. The publication is divided into five sections: (a) background information on HIV/AIDS, facts and trends, and a brief description of the response to date by the public and non-governmental sectors; (b) information on the impact that HIV/AIDS has on business, at the macroeconomic and individual company levels; (c) an overview of the broad areas of activity by business in response to HIV/AIDS, with guidance on how to develop HIV/AIDS policies and programs; (d) an examination of the factors that create and maintain successful partnerships in response to HIV/AIDS; and (e) information in the form of profiles (case studies) of 17 organizations that have responded to HIV/AIDS, plus the key lessons learned from these responses. This publication also includes a two-page Tool for Managers, which sets out for managers who want to develop a workplace response to HIV/AIDS the guiding principles to be considered, the planning process, the policy options and the assistance available.

Global Health Initiative, International Labour Organization, Joint United Nations Programme on HIV/AIDS. *Action Against AIDS in the Workplace (Workplace Reference Menu).* Available on the GHI website via www.weforum.org/site/homepublic.nsf/Content/Global+Health+Initiative%5CGHI+Business+Tools%5CGHI+Best+Practice+Guidelines. (Click on the HIV/AIDS Workplace Reference Menu for Africa.)

These three organizations have produced menus for two affected regions: Africa and Asia-Pacific. The menus describe the impact of HIV/AIDS on businesses and provide information of how businesses have responded. They describe the key components of an AIDS workplace policy, as well as the steps required to implement the policy. The menus review the key principles from the International Labour Organization's *ILO Code of Practice on HIV/AIDS and the World of Work* (see below) and explain how these principles apply in a business setting. The menus also provide a list of businesses and other organizations that have developed HIV/AIDS impact assessment tools.

Health Canada (International Affairs Directorate). *Enhancing Canadian Business Involvement in the Global Response to HIV/AIDS*. 2002. Available on the Health Canada website via www.hc-sc.gc.ca/datapcb/iad/ih_hivaids-e.htm.

Much of the content of this publication is taken from *The Business Response to HIV/AIDS: Impact and Lessons Learned* (see Global Business Coalition on HIV/AIDS). The publication describes the impact of HIV/AIDS on businesses and discusses how businesses have responded at a global level, and at the level of individual companies. The publication provides key lessons learned from the experiences of 16 companies that have adopted measures to deal with the epidemic. Finally, the publication provides a list of relevant resources (both organizations and publications).

International Labour Organization. *The ILO Code of Practice on HIV/AIDS and the World of Work*. Available on the ILO website via www.ilo.org/public/english/protection/trav/aids/code/codemain.htm.

The ILO Code provides practical guidance to policy-makers, employers organizations and workers organizations for formulating and implementing appropriate workplace policy, prevention and care programs. It contains a list of fundamental principles for policy development and practical guidelines from which concrete responses can be developed at enterprise, community and national levels in the following key areas: (a) prevention of HIV/AIDS; (b) management and mitigation of the impact of HIV/AIDS on the world of work; (c) care and support of workers infected and affected by HIV/AIDS; and (d) elimination of stigma and discrimination on the basis of real or perceived HIV status. The ILO website also contains a training manual on how to use the *ILO Code*.

International Organisation of Employers, Joint United Nations Programme on HIV/AIDS. *Employers Handbook on HIV/AIDS: A Guide to Action.* May 2002. Available on the website of the United States Council for International Business at www.uscib.org/docs/ioe_aids_handbook.pdf.

This publication describes the impact of HIV/AIDS on the business environment and on individual companies. It provides guidelines for how employers' organizations and individual companies should respond to the epidemic. Finally, it provides examples of HIV/AIDS initiatives undertaken by employers organizations and individual companies.

Pronyk P. et al (University of Witwatersrand). *HIV/AIDS and Business in South Africa: Interventions, opportunities and the private sector response to the epidemic.* Report prepared for the Canadian Alliance for Business in South Africa. March 2002. Available on the university's website at www.wits.ac.za/radar/PDF%20files/CABSAreport.PDF.

This publication is intended to provide a starting point, as seen through the lens of public health and economics, from which business partnerships might better plan for the inevitability of HIV/AIDS. The publication describes the impact of HIV/AIDS on business in South Africa. It presents some best practice guidelines for the development of workplace AIDS policies, and provides an overview of existing efforts within the private sector to respond to the epidemic. Finally, the publication provides a review of general (i.e., not workplace-specific) interventions for the prevention and management of HIV/AIDS.

University of Witwatersand (School of Mining Engineering, Johannesburg, South Africa), Council for Scientific and Industrial Research (Stellenbosch, South Africa). *HIV/AIDS, the Mining and Minerals Sector and Sustainable Development in South Africa.* Available on the university's website at www.mining.wits.ac.za/HIV&AIDS.doc.

This publication examines the effects of HIV/AIDS on the mining and minerals sector in southern Africa and provides information on the approaches and strategies used by various players in the sector to cope with the disease. The publication also summarizes the key elements required to enable the sector to sustainably manage the epidemic.

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